837 Health Care Claim

Functional Group ID=HC

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment. For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

Notes:

This implementation guide is intended for use by physicians, other professional providers, clinical labs, and ambulance companies.

In the transaction set implementation table (below) the "loop repeat" column indicates the maximum number of repititions for each loop. Unused loops are not shown.

Within the table, for each segment, the Required Designation (Req. Des.) column indicates whether the segment is Mandatory (M), Conditional (C), or Optional (O). The Maximum Use column indicates the maximum number of repititions for each segment. Unused segments are not shown.

The same information is shown in the body of the document, near the top of the page that begines each segment. "Usage" may be Mandatory, Conditional, or Optional. "Max Use" indicates the maximum number of repititions for each segment.

Note that optional loops and segments are documented here only for compatibility with other carriers, such as Medicare Part B.

For each data element (in the body of the document), the leftmost column indicates usage as follows:

M - Mandatory

(blank) - Conditional (recommended)

X - Not Used

Heading:

Page No. 6	Pos. <u>No.</u> 005	Seg. ID ST	Name Transaction Set Header		Req. <u>Des.</u> M	Max.Use	Loop <u>Repeat</u>	Notes and Comments
7	010	BGN	Beginning Segment		M	1		
8	015	REF	Version Number		M	1		
			LOOP ID - 1000				1	
9	020	NM1	Submitter Name and ID		M	1		
10	030	N3	Submitter Address		O	1		
MDCH	837P (003	3051)		1				January 12, 2001

11	035	N4	Submitter City, State, ZIP	O	1	
12	045	PER	Submitter Contact	0	1	
			LOOP ID - 1001			1
						*

Detail:

Page <u>No.</u>	Pos. <u>No.</u>	Seg. <u>ID</u>	Name LOOP ID - 2000	Req. <u>Des.</u>	Max.Use	Loop Repeat	Notes and Comments	
14	005	PRV	Billing Provider	М	1	1000		
1.	003	110,	LOOP ID - 2010			1		\neg
15	015	NM1	Billing Provider Name	M	1	1		ļ
16	025	N3	Billing Provider Address	0	1			
17	030	N4	Billing Provider City, State, ZIP	0	1			ļ
18	035	REF	Provider's Batch Identification	0	1			
19	040	PER	Billing Provider Telephone Number	0	1			
			LOOP ID - 2011			1		╡
20	015	NM1	Pay-to Provider	O	1			
21	025	N3	Pay-to Provider Address	O	1			
22	030	N4	Pay-to Provider City, State, ZIP	0	1			ļ
23	040	PER	Pay-to Provider Phone	O	1			
			LOOP ID - 2100			99999		Ħ
24	045	SBR	Medicaid Primary / Secondary Indicator	M	1			ł
			LOOP ID - 2110			1		1
25	055	NM1	Participating Plan	C	1			
			LOOP ID - 2200			1		il
26	090	PAT	Patient Information	M	1			
			LOOP ID - 2210			1		
27	095	NM1	Patient Name	M	1			
28	105	N3	Patient Address	О	1			
29	110	N4	Patient City, State, ZIP	O	1			ii
30	115	DMG	Patient Demographic Information	M	1			
31	120	PER	Patient Telephone Number	O	1			ii
32	125	REF	Patient Medicaid ID	M	1			
			LOOP ID - 2211			1		
33	095	NM1	Legal Representative	O	1			H
34	105	N3	Legal Representative Address	O	2			
35	110	N4	Legal Representative City, State, ZIP	O	1			
36	120	PER	Legal Representative Telephone Number	O	2			İİ
			LOOP ID - 2300			100		
37	130	CLM	Health Claim	M	1			
41	135	DTP	Provider Signature Date	M	150			
42	135	DTP	Admission Date	C	1			
43	135	DTP	Discharge Date	C	1			
44	135	DTP	Date Last Seen	O	1			
45	135	DTP	Illness Date	О	1			
46	135	DTP	Accident Date	C	1			
47	135	DTP	Release of Information Date	O	1			
48	135	DTP	Last Menstrual Period Date	O	1			

49	135	DTP	First Consulted Date	O	1	
50	135	DTP	Additional Documentation Sent Date	O	1	
51	135	DTP	Admission Date2	O	1	
52	135	DTP	Discharge Date2	O	1	
53	135	DTP	Disability Begin Date	O	1	
54	135	DTP	Disability End Date	O	1	
55	135	DTP	Date Care Assumed	C	1	
56	155	PWK	Paperwork	C	10	
58	175	AMT	Patient Amount Paid	C	1	
59	175	AMT	Patient Balance Due	O	1	
60	175	AMT	Laboratory Charges	O	1	
61	180	REF	Prior Authorization Number	C	1	
62	180	REF	Investigational Device Exemption Number	O	1	
63	180	REF	Medicare Demonstration Number	O	1	
64	180	REF	Original Reference Number	C	1	
65	180	REF	Claim Identification Number for Clearing Houses	C	1	
66	180	REF	Medical Record Number	О	1	
67	185	NTE	Extra Narrative Data	C	1	
68	231	HI	Health Care Information Codes	M	25	
73	245	LS	Loop Header	C	1	
			LOOP ID - 2310			1
74	250	NM1	Facility Name	C	1	
75	265	N3	Facility Address	O	1	
76	270	N4	Facility City, State, ZIP	О	1	
			LOOP ID - 2311			1
77	250	NM1	Referring Provider Name	С	1	
78	270	N4	Referring Provider City, State, ZIP	O	1	
79	271	REF	Referring Provider Medicaid ID	C	1	
			LOOP ID - 2312			1
80	250	NM1	Rendering Provider Name	O	1	
81	270	N4	Rendering Provider City, State, ZIP	O	1	
82	271	REF	Rendering Provider Medicaid ID	О	1	
			LOOP ID - 2313			1
83	250	NM1	Purchased Service Provider Name	O	1	
84	265	N3	Purchased Service Provider Address	О	1	
85	270	N4	Purchased Service Provider City, State, ZIP	O	1	
			LOOP ID - 2314			1
86	250	NM1	Supervising Provider Name	О	1	
87	270	N4	Supervising Provider City, State, ZIP	0	1	
88	271	REF	Supervising Provider Medicaid ID	О	1	
			LOOP ID - 2315			1
89	250	NM1	Ambulance EMT or Paramedic Name	O	1	-
0,	200	1,1,11			•	1
90	250	NM1	LOOP ID - 2316 Care Plan Oversight Provider	О	1	1
91	280	LE	Loop Trailer	C	1	
92	285	LS	Loop Header	О	1	
			LOOP ID - 2320	_		3
93	290	SBR	Additional Payer Information	С	1	

95	300	AMT	Payer Allowed Amount	С	1		1111
96	300	AMT	Payer Amount Paid	C	1		
97	300	AMT	Payer Disallowed Cost Containment	C	1		
98	300	AMT	Payer Disallowed Other	C	1		
99	300	AMT	Deductible Amount	C	1		
100	300	AMT	Coinsurance Amount	C	1		
101	305	DMG	Other Insured Date of Birth and Sex	С	1		
102	310	OI	Payer Type of Insurance	С	1		
			LOOP ID - 2330	~		1	
103	325	NM1	Additional Payer Name	С	1		
104	332	N3	Additional Payer Address	0	2		
105	340	N4	Additional Payer City, State, ZIP	О	1		
			LOOP ID - 2331			1	
106	325	NM1	Other Insured Name	C	1		
107	332	N3	Other Insured Address	C	2		
108	340	N4	Other Insured City, State, ZIP	C	1		
109	345	PER	Other Insured Phone	O	2		
110	350	DTP	Insured Retirement Date	O	9		
			LOOP ID - 2332			1	
111	325	NM1	Employer Name	С	1	1	
							<u> </u>
112	360	LE	Loop Trailer	С	1		
			LOOP ID - 2400			44	
113	365	LX	Assigned Number	M	1		
114	370	SV1	Professional Service	C	1		
118	405	SV6	Anesthesia Service	C	1		
121	415	HI	Health Care Information Codes	O	25		
125	425	CR1	Ambulance Certification	C	1		
127	430	CR2	Chiropractic Certification	O	1		
129	450	CRC	Ambulance Conditions	O	3		ijij
130	455	DTP	Service Date(s)	M	1		
131	455	DTP	Acute Manisfestation Date	O	1		
132	455	DTP	Initial Treatment Date	O	1		
133	455	DTP	Last X-Ray Date	O	1		
134	455	DTP	HGB/HCT Date	O	1		İİİİ
135	455	DTP	Serum Creatinine Date	O	1		
136	462	MEA	Hemoglobin Test Results	O	1		
138	462	MEA	Hematocrit Results	O	1		
140	462	MEA	Creatinine Result	O	1		
142	462	MEA	Epoetin Therapy	O	1		
144	470	REF	Line Item Control Number	O	1		
145	470	REF	Mammography Certification Number	О	1		
146	470	REF	CLIA Number	C	1		
147	475	AMT	Paid Amount	C	1		
148	475	AMT	Allowed Amount	С	1		
149	475	AMT	Deductible Amount	C	1		
150	475	AMT	Co-Insurance Amount	С	1		
151	475	AMT	Disallowed Cost Containment	C	1		
152	475	AMT	Disallowed Other	C	1		
153	475	AMT	Obligated to Accept	0	1		
154	485	NTE	Extra Narrative Data	0	4		
	. 50			-			1111

155	490	PS1	Purchase Service	O	1		11111
156	495	LS	Loop Header	O	1		
			LOOP ID - 2420			1	
157	500	NM1	Referring Provider Name	O	1		
158	520	N4	Referring Provider City, ST and ZIP	O	1		111111
159	525	REF	Referring Provider Medicaid ID	O	20		
			LOOP ID - 2421			1	
160	500	NM1	Rendering Provider Name	O	1		11111
161	525	REF	Rendering Provider Medicaid ID	O	20		
			LOOP ID - 2422			1	
162	500	NM1	Purchased Service Provider Name	C	1		11111
163	514	N3	Purchased Service Provider Address	O	1		
164	520	N4	Purchased Service Provider City, ST, and ZIP	O	1		
165	530	PER	Purchased Service Provider Telephone	O	1		iiiiii
			LOOP ID - 2423			1	
166	500	NM1	Supervising Provider Name	O	1		
			LOOP ID - 2424			1	
167	500	NM1	Ordering Provider Name	O	1		
168	520	N4	Ordering Provider State	O	1		
			LOOP ID - 2425			1	
169	500	NM1	Ambulance EMT or Paramedic Name	O	1		
170	535	LE	Loop Trailer	О	1		
171	555	SE	Transaction Set Trailer	M	1		<u> </u>

Segment: ST Transaction Set Header

Position: 005

Loop:

Level: Heading Usage: Mandatory

Max Use:

Purpose:

To indicate the start of a transaction set and to assign a control number

Syntax Notes:

Semantic Notes:

The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

Comments:

M	Ref. Des. ST01	Data Element 143	<u>Name</u> Transaction Set Identifier Code	Attr M	ibutes ID 3/3
			Code uniquely identifying a Transaction Set 837 X12.86 Health Care Claim		
M	ST02	329	Transaction Set Control Number Identifying control number that must be unique within the tra functional group assigned by the originator for a transaction so This value must match the value provided in SE02.		AN 4/9 ion set

Segment: BGN Beginning Segment

Position: 010

Loop:

Level: Heading Usage: Mandatory

Max Use:

Purpose: To indicate the beginning of a transaction set
 Syntax Notes: 1 If BGN05 is present, then BGN04 is required.
 Semantic Notes: 1 BGN02 is the transaction set reference number.

2 BGN03 is the transaction set date.

3 BGN04 is the transaction set time.

4 BGN05 is the transaction set time qualifier.

5 BGN06 is the transaction set reference number of a previously sent transaction

affected by the current transaction.

Comments:

Ref.	Data			
Des.	Element	<u>Name</u>	Attr	<u>ributes</u>
BGN01	353	Transaction Set Purpose Code	\mathbf{M}	ID 2/2
		Code identifying purpose of transaction set		
		00 Original		
BGN02	127	Submission Number	M	AN 1/30
		Transaction Set, or as specified by the Reference Number Q	ualifie	
BGN03	373	Creation Date	M	DT 6/6
		Date (YYMMDD)		
		Identifies the date the submitter created the file.		
BGN04	337	Submission Time	\mathbf{X}	TM 4/8
		HHMMSSD, or HHMMSSDD, where $H = hours$ (00-23), M 59), $S = integer$ seconds (00-59) and $DD = decimal$ seconds;	= mi decin	nutes (00- nal seconds
BGN05	623	Time Code	O	ID 2/2
		Organization standard 8601, time can be specified by a + or in hours in relation to Universal Time Coordinate (UTC) time	- and e; sin	an indication ce + is a
BGN06	127	Reference Number	O	AN 1/30
BGN07	640	Transaction Type Code	O	ID 2/2
		Code specifying the type of transaction		
BGN08	306	Action Code	O	ID 1/2
		Code indicating type of action		
	Des. BGN01 BGN02 BGN03 BGN04 BGN05 BGN06 BGN07	Des. BGN01 Element 353 BGN02 127 BGN03 373 BGN04 337 BGN05 623 BGN06 127 BGN07 640	Des. BGN01 353 Transaction Set Purpose Code	Des. BGN01 353 Transaction Set Purpose Code M

REF version Number **Segment:**

Position:

Loop:

Heading Mandatory Level: **Usage:**

Max Use:

Purpose:

To specify identifying numbers.1 At least one of REF02 or REF03 is required. Syntax Notes: Semantic Notes:

Comments:

	Ref.	Data		
	Des.	Element	<u>Name</u>	Attributes
M	REF01	128	Reference Number Qualifier	M ID 2/3
			Code qualifying the Reference Number.	
			F1 Version Code - National	
			Identifies the release of a set of information requirements to distinguish from the sets that may differ; the release in quantional level	e previous or future
M	REF02	127	Implementation Guide Version Number	M AN 1/30
			Reference number or identification number as defined for Transaction Set, or as specified by the Reference Number Use "003051MIPR" for this version.	•
X	REF03	352	Description	X AN 1/80
			A free-form description to clarify the related data element	its and their content

NM1 Submitter Name and ID **Segment:**

Position: 020

1000 Loop: Mandatory

Level: Heading **Usage:** Mandatory

Max Use:

Purpose: To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

Comments:

	Ref.	Data		•	
3.5	Des.	<u>Element</u>	Name		ibutes
M	NM101	98	Entity Identifier Code	M	ID 2/2
			Code identifying an organizational entity, a physical location	, or a	n individual
			41 Submitter		
			Entity transmitting transaction set		
M	NM102	1065	Entity Type Qualifier	M	ID 1/1
			Code qualifying the type of entity		
			2 Non-Person Entity		
	NM103	1035	Submitter Name	O	AN 1/35
			Individual last name or organizational name		
			The name of the submitter to which the receiver should direct	t inqu	iries
X	NM104	1036	regarding this file. Name First	0	AN 1/25
Λ	1411114	1030	Individual first name	U	AN 1/23
X	NM105	1037	Name Middle	0	AN 1/25
Λ	NIVIIUS	1037	Individual middle name or initial	U	AN 1/25
X	NM106	1038	Name Prefix	0	AN 1/10
Λ	MMITOO	1038	- 1	U	AN 1/10
X 7	NIN#10#	1020	Prefix to individual name	_	A NI 4 /4 O
X	NM107	1039	Name Suffix	0	AN 1/10
	NT 5400		Suffix to individual name		TD 4/4
M	NM108	66	Identification Code Qualifier	M	ID 1/2
			Code designating the system/method of code structure used f	or Ide	entification
			Code (67) 94 Code assigned by the organization that	ic the	ultimate
			destination of the transaction set	is the	artimate
M	NM109	67	Submitter Identifier	\mathbf{M}	AN 2/20
			Code identifying a party or other code		
			The four-character billing agent ID assigned by MDCH.		

Segment: N3 Submitter Address

Position: 030

Loop: 1000 Mandatory

Level: Heading Usage: Optional Max Use: 1

Purpose: To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

	Ref. <u>Des</u> .	Data <u>Element</u>	<u>Name</u>	Attr	<u>ibutes</u>
M	N301	166	Submitter Street Address 1	\mathbf{M}	AN 1/35
			Address information		
			The mailing address of the submitter of the claim file.		
	N302	166	Submitter Street Address 2	O	AN 1/35
			Address information		
			Additional mailing address of the submitter of the claim file.		

Segment: N4 Submitter City, State, ZIP

Position: 035

Loop: 1000 Mandatory

Level: Heading Usage: Optional Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

Semantic Notes:

Comments: 1 A com

1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref.	Data					
	Des.	Element	<u>Name</u>		<u>Attributes</u>		
	N401	19	Submitter City	y	O	AN 2/30	
			Free-form text	for city name			
			The city name	of the submitter of the claim file.			
	N402	156	Submitter Stat	te	O	ID 2/2	
			Code (Standard	d State/Province) as defined by appropriate go	opriate government agency		
		See Appendix B for State Abbreviation Codes.					
	N403 116 Subm		Submitter ZIP	Code	0	ID 3/11	
			(zip code for U	international postal zone code excluding punc (nited States) of the submitter of the claim file.	tuatio	n and blanks	
X	N404 26		Country Code		O	ID 2/3	
			Code identifying the country				
	N405	309	Location Qual	lifier	X	ID 1/2	
			Code identifyir	ng type of location			
			RJ	Region			
	N406	310	Submitter Reg	gion	O	AN 1/30	
			Code which identifies a specific location				
			A receiver defi	ned field that identifies the region submitting	the cl	aim. To be	

used for future regional processing.

Segment: PER Submitter Contact

Position: 045

Loop: 1000 Mandatory

Level: Heading Usage: Optional Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax Notes: 1 If either PER03 or PER04 is present, then the other is required.

2 If either PER05 or PER06 is present, then the other is required.

3 If either PER07 or PER08 is present, then the other is required.

Semantic Notes: Comments:

M	Ref. <u>Des.</u> PER01	Data Element 366	Name Contact Function Code	Attı M	ributes ID 2/2
			Code identifying the major duty or responsibility of the personal control of t	on or	group named
			SM Submitting Contact		
	PER02	93	Submitter Contact	O	AN 1/35
			Free-form name		
			Identifies an individual responsible for issues that may arise c	oncei	ning this
	DED 02	265	submission.	T 7	ID 0/0
	PER03	365	Communication Number Qualifier	X	ID 2/2
			Code identifying the type of communication number		
			TE Telephone		
	PER04	364	Submitter Telephone Number	X	AN 1/80
			Complete communications number including country or area applicable The telephone number of the submitter of the claim file.	code	when
X	PER05	365	Communication Number Qualifier	X	ID 2/2
A	LINUS	303	Code identifying the type of communication number	21	10 2/2
X	PER06	364	Communication Number	X	AN 1/80
Λ	I EKOO	304			
			Complete communications number including country or area applicable	code	when
X	PER07	365	Communication Number Qualifier	X	ID 2/2
			Code identifying the type of communication number		
X	PER08	364	Communication Number	\mathbf{X}	AN 1/80
			Complete communications number including country or area applicable	code	when
	PER09	443	Contact Inquiry Reference	O	AN 1/20
			Additional reference number or description to clarify a conta	ct nui	mber

NM1 Receiver Name **Segment:**

Position: 020

1001 Loop: Mandatory

Level: Heading **Usage:** Mandatory

Max Use:

Purpose: To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

Comments:

	Ref.	Data		cht Summary		
	Des.	<u>Element</u>	Name	_		ributes
M	NM101	98	Entity Identifier C		M	ID 2/2
			· · ·	organizational entity, a physical location	, or a	n individual
			40	Receiver		
				Entity to accept transmission		
M	NM102	1065	Entity Type Qualit	fier	M	ID 1/1
			Code qualifying the	type of entity		
			2	Non-Person Entity		
	NM103	1035	Receiver Name		O	AN 1/35
			Individual last name	e or organizational name		
			The name of the rec	eiver of this file.		
X	NM104	1036	Name First		O	AN 1/25
			Individual first nam	e		
X	NM105	1037	Name Middle		O	AN 1/25
			Individual middle n	ame or initial		
X	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual	name		
X	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual	name		
M	NM108	66	Identification Code	e Qualifier	\mathbf{M}	ID 1/2
			Code designating th	ne system/method of code structure used f	or Ide	entification
			Code (67)			
			94	Code assigned by the organization that destination of the transaction set	is the	ultimate
M	NM109	67	Receiver Identifier	•	\mathbf{M}	AN 2/20
			Code identifying a p	party or other code		
			Use "D00111" for N	MDCH.		

Segment: PRV Billing Provider

Position: 005

Loop: 2000 Mandatory

Level: Detail Usage: Mandatory

Max Use:

Purpose: To specify the identifying characteristics of a provider

Syntax Notes: 1 If either PRV05 or PRV06 is present, then the other is required.

Semantic Notes: 1 PRV05 qualifies PRV06.

Comments:

Notes: The Billing Provider is the Rendering Provider for all service lines of all claims.

	Ref.	Data	•		
	Des.	Element	<u>Name</u>		<u>ributes</u>
M	PRV01	1221	Provider Code	M	ID 1/3
			Code indentifying the type of provider		
			BI Billing		
M	PRV02	128	Reference Number Qualifier	M	ID 2/3
			Code qualifying the Reference Number.		
			1D Medicaid Provider Number		
			ZZ Mutually Defined		
			National Provider Identifier		
M	PRV03	127	Provider Medicaid Number	M	AN 1/30
	PRV04	156	Transaction Set, or as specified by the Reference Num The 9-digit number assigned to the provider by MDCH purposes. The first two digits indicate the provider typ seven digits indicate the specific provider. This element must contain the National Provider Identics implemented. State or Province Code	I for identifi e and the re	ication maining
			Code (Standard State/Province) as defined by appropri	ate governn	nent agency
			See Appendix B for State Abbreviation Codes.	U	2 3
	PRV05	559	Agency Qualifier Code	X	ID 2/2
			Code identifying the agency assigning the code values HC Health Care Financing Administr	ation	
	PRV06	1222	Provider Specialty Code	O	AN 1/3
			Code indicating the primary specialty of the provider, receiver	as defined b	y the
	PRV07	1223	Provider Organization Code	O	ID 3/3
			Code identifying the organizational structure of a prov	ider	

NM1 Billing Provider Name **Segment:**

Position: 015

2010 Loop: Mandatory

Level: Detail **Usage:** Mandatory

Max Use:

Purpose: To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

Comments:

	Ref. Des.	Data Element	Name	Ziement Summury	A ++-	ributes
M	<u>bes.</u> NM101	98	Entity Identif	fier Code		ID 2/2
112	1111111	,,		ing an organizational entity, a physical location		
			85	Billing Provider	., 01 0	
M	NM102	1065	Entity Type (· ·	M	ID 1/1
				ng the type of entity		
			1	Person		
			2	Non-Person Entity		
	NM103	1035	Provider Las	t or Organization Name	O	AN 1/35
				t name or organizational name		
				he group or organization submitting a claim fo	r payı	ment. The
			Last Name of	paym		
	NM104	1036	Provider Firs	st Name	O	AN 1/25
			Individual firs	st name		
			The first name	e of the individual provider submitting a claim	for pa	ayment.
	NM105	1037	Provider Mid	ldle Initial	O	AN 1/25
			Individual mid	ddle name or initial		
			The Middle In	nitial of the individual provider submitting a cl	aim fo	or payment.
X	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to indiv	vidual name		
X	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to indiv	vidual name		
M	NM108	66	Identification	Code Qualifier	M	ID 1/2
				ting the system/method of code structure used	for Id	entification
			Code (67)			
			24	Employer's Identification Number		
3.7	NTN #400		34	Social Security Number		A 3.7 @ /@ 0
M	NM109	67		eral Identifier	M	AN 2/20
			Code identify	ing a party or other code		

Segment: N3 Billing Provider Address

Position: 025

Loop: 2010 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

	Ref.	Data	•		
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
M	N301	166	Billing Provider Address 1	\mathbf{M}	AN 1/35
			Address information		
			The street address of the Billing Provider.		
	N302	166	Billing Provider Address 2	O	AN 1/35
			Address information		
			Additional street address of the billing provider.		

Segment: N4 Billing Provider City, State, ZIP

Position: 030

Loop: 2010 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

Semantic Notes:

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

Data Element Summary

	Ref.	Data				
	Des.	Element	<u>Name</u>		<u>Attr</u>	<u>ributes</u>
	N401	19	Billing Pro	Billing Provider City		AN 2/30
			Free-form t	text for city name		
			The city na	me of the billing provider.		
	N402	156	Billing Pro	vider State	O	ID 2/2
			Code (Stand	dard State/Province) as defined by appropriate go	vernm	nent agency
			See Append	dix B for State Abbreviation Codes.		
	N403	116	Billing Pro	vider ZIP	O	ID 3/11
			(zip code fo	ing international postal zone code excluding punctor United States) ode of the Billing Provider.	tuatio	n and blanks
X	N404	26	Country C	ode	O	ID 2/3
			Code identi	ifying the country		
	N405	309	Location Q	Qualifier	X	ID 1/2
			Code identi	ifying type of location		
			RJ	Region		
	N406	310	Billing Pro	ovider Region	O	AN 1/30
			Code which	n identifies a specific location		
			A receiver	defined field that identifies the region submitting	the cl	aim. To be

used for future regional processing.

Segment: REF Provider's Batch Identification

Position: 035

Loop: 2010 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Semantic Notes: Comments:

	Ref.	Data	Y	A 44 . 93 . 4
	<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Number Qualifier	M ID 2/3
			Code qualifying the Reference Number.	
			BT Batch Number	
	REF02	127	Batch Identification	X AN 1/30
			Reference number or identification number as defin	ed for a particular
			Transaction Set, or as specified by the Reference N	umber Qualifier.
			The identifier assigned by the provider to identify a	_
			system.	
X	REF03	352	Description	X AN 1/80
			A free-form description to clarify the related data el	ements and their content

Segment: PER Billing Provider Telephone Number

Position: 040

Loop: 2010 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax Notes: 1 If either PER03 or PER04 is present, then the other is required.

2 If either PER05 or PER06 is present, then the other is required.

3 If either PER07 or PER08 is present, then the other is required.

Semantic Notes: Comments:

M	Ref. <u>Des.</u> PER01	Data Element 366	Name Contact Function Code	Attı M	ributes ID 2/2
			Code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identification code i	on or	group named
			PH Provider		8 - 1
			Entity providing health care services		
X	PER02	93	Name	O	AN 1/35
			Free-form name		
	PER03	365	Communication Number Qualifier	\mathbf{X}	ID 2/2
			Code identifying the type of communication number		
			TE Telephone		
	PER04	364	Billing Provider Telephone Number	\mathbf{X}	AN 1/80
			Complete communications number including country or area applicable The telephone number, including area code at which the the contacted.		
X	PER05	365	Communication Number Qualifier	\mathbf{X}	ID 2/2
			Code identifying the type of communication number		
X	PER06	364	Communication Number	X	AN 1/80
			Complete communications number including country or area applicable	code	when
X	PER07	365	Communication Number Qualifier	\mathbf{X}	ID 2/2
			Code identifying the type of communication number		
X	PER08	364	Communication Number	\mathbf{X}	AN 1/80
			Complete communications number including country or area applicable		
	PER09	443	Contact Inquiry Reference	O	AN 1/20
			Additional reference number or description to clarify a conta	ct nui	mber

Segment: NM1 Pay-to Provider

Position: 015

Loop: 2011 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

Semantic Notes: 1 NM102 qualifies NM103.

Comments:

Notes: MDCH pays the billing provider, so this loop is not needed. Any information sent in this

loop will be ignored.

	Ref.	Data				
	<u>Des.</u>	Element	<u>Name</u>			<u>ributes</u>
M	NM101	98	Entity Identifie	er Code	M	ID 2/2
			Code identifyin	g an organizational entity, a physical location	n, or a	ın individual
			Entity to accept	transmission		
			87	Pay-to Provider		
M	NM102	1065	Entity Type Q	ualifier	\mathbf{M}	ID 1/1
			Code qualifying	g the type of entity		
			1	Person		
			2	Non-Person Entity		
	NM103	1035	Pay-to Provide	r Name	O	AN 1/35
			Individual last r	name or organizational name		
				e Provider to receive payment.		
	NM104	1036	Pay-to Provide	- ·	O	AN 1/25
			Individual first			
	NM105	1037	Pav-to Provide	r Middle Initial	0	AN 1/25
			•	lle name or initial		
X	NM106	1038	Name Prefix		0	AN 1/10
			Prefix to individ	dual name		
X	NM107	1039	Name Suffix		0	AN 1/10
	11112201	2007	Suffix to individ	dual name	Ü	111 (1/10
M	NM108	66	Identification (M	ID 1/2
111	11111100	00		ng the system/method of code structure used		
			Code (67)	ig the system/method of code structure used	101 10	charication
				er assigned to each transmitter and software of	develo	per.
			94	Code assigned by the organization that	is the	ultimate
				destination of the transaction set		
M	NM109	67	Pay-to Provide	er Identifier	\mathbf{M}	AN 2/20
			Code identifyin	g a party or other code		

Segment: N3 Pay-to Provider Address

Position: 025

Loop: 2011 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

	Ref.	Data	·		
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
M	N301	166	Pay-to Provider Address 1	\mathbf{M}	AN 1/35
			Address information		
			The street address of the Pay-to Provider.		
	N302	166	Pay-to Provider Address 2	O	AN 1/35
			Address information		
			Additional street address of the Pay-to provider.		

Segment: N4 Pay-to Provider City, State, ZIP

Position: 030

Loop: 2011 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

Semantic Notes:

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

	Ref.	Data			
	Des.	<u>Element</u>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
	N401	19	Pay-to Provider City	O	AN 2/30
			Free-form text for city name		
			The city name of the Pay-to provider.		
	N402	156	Pay-to Provider State	0	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
			See Appendix B for State Abbreviation Codes.		
	N403	116	Pay-to Provider ZIP	0	ID 3/11
			Code defining international postal zone code excluding pund (zip code for United States)	ctuatio	n and blanks
			The ZIP Code of the Pay-to Provider.		
X	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
X	N405	309	Location Qualifier	X	ID 1/2
			Code identifying type of location		
			RJ Region		
X	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

Segment: PER Pay-to Provider Phone

Position: 040

Loop: 2011 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax Notes: 1 If either PER03 or PER04 is present, then the other is required.

2 If either PER05 or PER06 is present, then the other is required.

3 If either PER07 or PER08 is present, then the other is required.

Semantic Notes: Comments:

M	Ref. <u>Des</u> . PER01	Data Element 366	Name Contact Function Code	<u>Attı</u> M	ributes ID 2/2
			Code identifying the major duty or responsibility of the personal	on or	group named
			PH Provider		
			Entity providing health care services		
X	PER02	93	Name	O	AN 1/35
			Free-form name		
	PER03	365	Communication Number Qualifier	\mathbf{C}	ID 2/2
			Code identifying the type of communication number		
			TE Telephone		
	PER04	364	Pay-to Provider Telephone Number	\mathbf{C}	AN 1/80
			Complete communications number including country or area applicable The telephone number, including area code at which the the contacted.		
X	PER05	365	Communication Number Qualifier	\mathbf{X}	ID 2/2
			Code identifying the type of communication number		
X	PER06	364	Communication Number	\mathbf{X}	AN 1/80
			Complete communications number including country or area applicable	code	when
X	PER07	365	Communication Number Qualifier	X	ID 2/2
			Code identifying the type of communication number		
X	PER08	364	Communication Number	X	AN 1/80
			Complete communications number including country or area applicable		
	PER09	443	Contact Inquiry Reference	O	AN 1/20
			Additional reference number or description to clarify a conta	ct nu	mber

 $Segment: \qquad SBR \ \ \text{Medicaid Primary / Secondary Indicator}$

Position: 045

Loop: 2100 Mandatory

Level: Detail Usage: Mandatory

Max Use:

Purpose: To indicate whether Medicaid is the only payer on this claim.

Syntax Notes:

Semantic Notes: 1 SBR02 specifies the relationship to the person insured.

- 2 SBR03 is policy or group number.
- 3 SBR04 is plan name.

4 SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

Comments:

	Ref.	Data	2 www 214111	,		
	Des.	Element	<u>Name</u>		Attı	<u>ributes</u>
M	SBR01	1138	Medicaid Responsi	ibility Sequence Number Code	\mathbf{M}	ID 1/1
			Code indentifying the	he insurance carrier's level of responsibili	ty for	a payment
			of a claim			
			Code identifying M	edicaid's level of responsibility for payme	ent of	a claim.
			P	Primary		
				Use this when no other insurance applie	s.	
			S	Secondary		
				Use this when patient has Medicare Part	B, o	ther
				insurance coverage, or any other source		
X	SBR02	1069	Individual Relation	nship Code	O	ID 2/2
			Code indicating the	relationship between two individuals or e	ntitie	es
X	SBR03	127	Reference Number	r	O	AN 1/30
			Reference number of	or identification number as defined for a p	articu	ılar
				as specified by the Reference Number Qu		
X	SBR04	93	Name		O	AN 1/35
			Free-form name			
	SBR05	1336	Medicaid Secondar	ry Type Code	O	ID 1/3
				e type of insurance policy within a specifi	c insi	urance
			program	. ""		
			Not used if SBR01 Required if SBR01			
			MB	Medicare Part B		
			OT	Other		
X	SBR06	1143	Coordination of Be		0	ID 1/1
A	SDROU	1143			U	10 1/1
X	CDD07	1072		hether there is a coordination of benefits	0	ID 1/1
A	SBR07	1073	Yes/No Condition	•	0	ID 1/1
			-	es or No condition or response	_	
X	SBR08	584	Employment Statu		O	ID 2/2
				general employment status of an employee	:/clair	
X	SBR09	1032	Claim Filing Indicate	ator Code	O	ID 1/2
			Code identifying ty	pe of claim		

NM1 Participating Plan **Segment:**

Position: 055

Loop: 2110 Conditional

Level: Detail **Usage:** Conditional

Max Use:

Purpose: To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

Comments:

	Ref.	Data		•		
	Des.	Element	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
M	NM101	98	Entity Idea	ntifier Code	M	ID 2/2
			Code identi	ifying an organizational entity, a physical location	, or a	n individual
			P5	Plan Sponsor		
M	NM102	1065	Entity Typ	oe Qualifier	\mathbf{M}	ID 1/1
			Code qualit	fying the type of entity		
			2	Non-Person Entity		
	NM103	1035	Name Last	t or Organization Name	O	AN 1/35
			Individual	last name or organizational name		
	NM104	1036	Name Firs	st	O	AN 1/25
			Individual	first name		
X	NM105	1037	Name Mid	dle	O	AN 1/25
			Individual 1	middle name or initial		
X	NM106	1038	Name Pref	ïx	O	AN 1/10
			Prefix to in	dividual name		
X	NM107	1039	Name Suff	fix	O	AN 1/10
			Suffix to in	dividual name		
M	NM108	66	Identificat	ion Code Qualifier	\mathbf{M}	ID 1/2
			Code desig	nating the system/method of code structure used f	or Ide	entification
			Code (67)			
			ZY	Temporary Identification Number		
				A temporary ID to be used until a perma	inent	ID is
				processed		
M	NM109	67	Plan Numl	~ -	M	AN 2/20
			Code identi	ifying a party or other code		
			Identifies th	he insurance plan.		

Segment: PAT Patient Information

Position: 090

Loop: 2200 Mandatory

Level: Detail Usage: Mandatory

Max Use: 1

Purpose: To supply patient information

Syntax Notes: 1 If either PAT05 or PAT06 is present, then the other is required.

2 If either PAT07 or PAT08 is present, then the other is required.

Semantic Notes: 1 PAT06 is the date of death.

2 PAT08 is the patient's weight.

Comments:

Data Element Summary

	Ref.	Data	24.			
	Des.	Element	<u>Name</u>		<u>Attr</u>	<u>ributes</u>
M	PAT01	1069		Relationship Code	M	ID 2/2
			Code indica	ting the relationship between two individuals or	entitie	es
			18	Self		
	PAT02	1384	Patient Typ	pe of Residence	O	ID 1/1
				fying the location where patient is receiving med	ical tr	eatment
			A code which	ch indicates patient place of residence.		
			P	Private Home		
			R	Residential Treatment Facility		
			S	Skilled Nursing Home		
			T	Rest Home		
	PAT03	584	Patient Em	ployment Status	O	ID 2/2
			Code showi	ng the general employment status of an employe	e/clair	mant
			A code indi	cating employment status of the patient.		
			AC	Active		
			NE	Not Employed		
	PAT04	1220	Patient Stu	dent Status	O	ID 1/1
				ting the student status of the patient if 19 years of	of age	or older, not
			handicapped F	d and not the insured Full-time		
			N	Not a Student		
			P	Part-time		
	PAT05	1250	-	Period Format Qualifier	X	ID 2/3
	1 A 1 0 3	1230		ting the date format, time format, or date and tin		
			D8	Date Expressed in Format CCYYMMI		iiat
	PAT06	1251	Patient Dat	-	X	AN 1/35
	111100	1201		of a date, a time, or range of dates, times or date		
			-	ate of death is sent, the translator should generate		
			CA0.20.	ate of death is sent, the translator should generate	, a D	in field
	PAT07	355	Unit or Bas	sis for Measurement Code	\mathbf{X}	ID 2/2
			Code specif	ying the units in which a value is being expresse	d, or 1	manner in
				asurement has been taken		
	-		50	Actual Kilograms		
	PAT08	81	Patient We	ight	X	R 1/10

Numeric value of weight

NM1 Patient Name **Segment:**

Position: 095

2210 Loop: Mandatory

Level: Detail **Usage:** Mandatory

Max Use:

Purpose: To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

Comments:

	D.C	D-4-	Data Element Summary		
	Ref. Des.	Data <u>Element</u>	Name	A ttı	ibutes
M	<u>bes.</u> NM101	98	Entity Identifier Code	M	ID 2/2
111	1111101	70	Code identifying an organizational entity, a physical locatio		
			QC Patient	11, OI a	iii iiidividaai
			Individual receiving medical care		
M	NM102	1065	Entity Type Qualifier	M	ID 1/1
IVI	NWIIUZ	1005		IVI	1D 1/1
			Code qualifying the type of entity		
	377.54.00	400=	1 Person		
M	NM103	1035	Patient Last Name	M	AN 1/35
			Individual last name or organizational name		
			The last name of the individual to whom the services were p	provide	ed.
M	NM104	1036	Patient First Name	M	AN 1/25
			Individual first name		
			The first name of the individual to whom the services were	provid	ed.
	NM105	1037	Patient Middle Initial	O	AN 1/25
			Individual middle name or initial		
			The middle initial of the individual to whom the services we	ere pro	vided.
X	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
	NM107	1039	Patient Generation	0	AN 1/10
			Suffix to individual name		
			The generation of the patient such as I II III Ir Sr		
	NM108	66	•	0	ID 1/2
	1111100	00		•	
				101 100	churication
			· · ·		
	NM109	67	•	O	AN 2/20
			-		
	NM108 NM109	66	Suffix to individual name The generation of the patient, such as I, II, III, Jr., Sr. Identification Code Qualifier Code designating the system/method of code structure used Code (67)	O for Ide	ID 1/2 entification

Segment: N3 Patient Address

Position: 105

Loop: 2210 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

	Ref.	Data	Nama	A 44-	.:1 4
M	<u>Des.</u> N301	Element 166	Name Patient Address 1	Attr M	ributes AN 1/35
IVI	11301	100		171	AN 1/33
			Address information		
			The mailing address of the patient.		
	N302	166	Patient Address 2	0	AN 1/35
			Address information		
			Additional mailing address of the patient.		

Segment: N4 Patient City, State, ZIP

Position: 110

Loop: 2210 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

Semantic Notes:

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

Ref.	Data			
Des.	Element	<u>Name</u>	Attr	<u>ributes</u>
N401	19	Patient City	\mathbf{M}	AN 2/30
		Free-form text for city name		
		The City Name of the patient.		
N402	156	Patient State	M	ID 2/2
		Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
		See Appendix B for State Abbreviation Codes.		
N403	116	Patient ZIP Code	\mathbf{M}	ID 3/11
		(zip code for United States)	tuatio	n and blanks
N1404	26	1	0	ID 2/2
N404	20	•	U	ID 2/3
		Code identifying the country		
N405	309	Location Qualifier	\mathbf{X}	ID 1/2
		Code identifying type of location		
N406	310	Location Identifier	O	AN 1/30
		Code which identifies a specific location		
	Des. N401 N402 N403 N404 N405	Des. N401 Element 19 N402 156 N403 116 N404 26 N405 309	Name Name Patient City	Des. N401 Element Patient City Attr M N401 19 Patient City M Free-form text for city name The City Name of the patient. N402 156 Patient State M Code (Standard State/Province) as defined by appropriate government See Appendix B for State Abbreviation Codes. N403 116 Patient ZIP Code M Code defining international postal zone code excluding punctuation (zip code for United States) The ZIP Code of the patient. N404 26 Country Code O Code identifying the country N405 309 Location Qualifier X Code identifying type of location O N406 310 Location Identifier O

Segment: DMG Patient Demographic Information

Position: 115

Loop: 2210 Mandatory

Level: Detail Usage: Mandatory

Max Use: 1

Purpose: To supply demographic information

Syntax Notes: 1 If either DMG01 or DMG02 is present, then the other is required.

Semantic Notes: 1 DMG02 is the date of birth.

2 DMG07 is the country of citizenship.

3 DMG09 is the age in years.

Comments:

M	Ref. <u>Des.</u> DMG01	Data Element 1250	Name Date Tim	ne Period Format Qualifier	Attı M	ributes ID 2/3
			Code indi	cating the date format, time format, or date and time	e forr	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DMG02	1251	Patient D	ate of Birth	M	AN 1/35
			Expressio	on of a date, a time, or range of dates, times or dates	and 1	times
			The date	the patient was born.		
M	DMG03	1068	Patient S	ex Code	M	ID 1/1
			Code indi	cating the sex of the individual		
			F	Female		
			M	Male		
	DMG04	1067	Patient M	Iarital Status	O	ID 1/1
			Code defi	ning the marital status of a person		
			K	Unknown		
			M	Married		
			S	Separated		
X	DMG05	1109	Race or I	Ethnicity Code	O	ID 1/1
			reported;	cating the racial or ethnic background of a person; Under certain circumstances this information is coll vernment statistical purposes		
X	DMG06	1066		ip Status Code	O	ID 1/2
			Code indi	cating citizenship status		
X	DMG07	26	Country	Code	O	ID 2/3
			Code ider	ntifying the country		
X	DMG08	659	Basis of V	Verification Code	O	ID 1/2
			Code indi	cating the basis of verification		
X	DMG09	380	Quantity		O	R 1/15
			Numeric	value of quantity		

Segment: PER Patient Telephone Number

Position: 120

Loop: 2210 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax Notes: 1 If either PER03 or PER04 is present, then the other is required.

2 If either PER05 or PER06 is present, then the other is required.

3 If either PER07 or PER08 is present, then the other is required.

Semantic Notes: Comments:

M	Ref. <u>Des.</u> PER01	Data Element 366	Name Contact Function Code	Attı M	ributes ID 2/2
			Code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identifying the major duty or responsibility of the personal code identification of t	on or	group named
			PZ Patient		
			Individual receiving medical care		
X	PER02	93	Name	O	AN 1/35
			Free-form name		
	PER03	365	Communication Number Qualifier	X	ID 2/2
			Code identifying the type of communication number		
			TE Telephone		
	PER04	364	Patient Telephone Number	X	AN 1/80
			Complete communications number including country or area applicable The telephone number, including area code, at which the pat contacted.		
X	PER05	365	Communication Number Qualifier	X	ID 2/2
			Code identifying the type of communication number		
X	PER06	364	Communication Number	X	AN 1/80
			Complete communications number including country or area applicable	code	when
X	PER07	365	Communication Number Qualifier	X	ID 2/2
			Code identifying the type of communication number		
X	PER08	364	Communication Number	\mathbf{X}	AN 1/80
			Complete communications number including country or area applicable		
	PER09	443	Contact Inquiry Reference	O	AN 1/20
			Additional reference number or description to clarify a conta	ct nu	mber

Segment: REF Patient Medicaid ID

Position: 125

Loop: 2210 Mandatory

Level: Detail Usage: Mandatory

Max Use: 1

Purpose: To specify the patients Medicaid ID number.
 Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes: Comments:

	Ref.	Data		J		
	Des.	Element	<u>Name</u>		Attr	<u>ibutes</u>
M	REF01	128	Reference Number Qu	ıalifier	M	ID 2/3
			Code qualifying the Ref	ference Number.		
			NQ Me	edicaid Recipient Identification Numb	er	
				nique identification number assigned t vered under a subscriber's contract	o eac	h member
M	REF02	127	Medicaid ID Number		\mathbf{M}	AN 1/30
X	REF03	352		entification number as defined for a p pecified by the Reference Number Qu entification Number		
A	KEFUS	332	-	to clarify the related data elements an		

NM1 Legal Representative **Segment:**

Position: 095

2211 Loop: Optional

Level: Detail **Usage:** Optional Max Use:

Purpose: To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

Comments:

	Ref.	Data				
	Des.	Element	<u>Name</u>			<u>ibutes</u>
M	NM101	98	Entity Identifier Code		M	ID 2/2
			Code identifying an organ	izational entity, a physical location	, or a	n individual
			LR Lega	l Representative		
			Perso patie	on by law who is in charge of persont	nal m	natters of the
M	NM102	1065	Entity Type Qualifier		M	ID 1/1
			Code qualifying the type of	f entity		
			1 Perso	n		
			2 Non-	Person Entity		
M	NM103	1035	Representative Payee La	st Name	\mathbf{M}	AN 1/35
			Individual last name or org	ganizational name		
			The entity name or last name	ne of the legal representative.		
M	NM104	1036	Representative Payee Fir	st Name	\mathbf{M}	AN 1/25
			Individual first name			
			The first name of the legal	representative.		
	NM105	1037	Representative Payee Mi	ddle Initial	O	AN 1/25
			Individual middle name or	initial		
			The middle initial of the le	gal representative.		
X	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual name			
X	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual name			
X	NM108	66	Identification Code Qual	ifier	\mathbf{X}	ID 1/2
			Code designating the system Code (67)	em/method of code structure used f	or Ide	entification
X	NM109	67	Identification Code		\mathbf{X}	AN 2/20
			Code identifying a party o	r other code		

N3 Legal Representative Address **Segment:**

105 **Position:**

2211 Loop: Optional

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify the location of the named party

Syntax Notes: Semantic Notes: **Comments:**

	Ref.	Data	•		
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
M	N301	166	Legal Representative Address 1	\mathbf{M}	AN 1/35
			Address information		
			The mailing address of the Legal Representative.		
	N302	166	Legal Representative Address 2	0	AN 1/35
			Address information		
			Additional mailing address of the Legal Representative.		

Segment: N4 Legal Representative City, State, ZIP

Position: 110

Loop: 2211 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

Semantic Notes:

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

	Ref.	Data			
	Des.	Element	<u>Name</u>	Attı	<u>ributes</u>
M	N401	19	Legal Representative City	\mathbf{M}	AN 2/30
			Free-form text for city name		
			The city name of the Legal Representative.		
M	N402	156	Legal Representative State	\mathbf{M}	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
			See Appendix B for State Abbreviation Codes.		
M	N403	116	Legal Representative ZIP Code	M	ID 3/11
			Code defining international postal zone code excluding punc (zip code for United States)	tuatio	n and blanks
			The ZIP Code of the Legal Representative.		
X	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
X	N405	309	Location Qualifier	\mathbf{X}	ID 1/2
			Code identifying type of location		
X	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

Segment: PER Legal Representative Telephone Number

Position: 120

Loop: 2211 Optional

Level: Detail
Usage: Optional
Max Use: 2

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax Notes: 1 If either PER03 or PER04 is present, then the other is required.

2 If either PER05 or PER06 is present, then the other is required.

3 If either PER07 or PER08 is present, then the other is required.

Semantic Notes: Comments:

M	Ref. <u>Des.</u> PER01	Data <u>Element</u> 366	Name Contact Function Code	Attr M	ributes ID 2/2	
			Code identifying the major duty or responsibility of the personal	on or	group named	
			RP Responsible Person			
X	PER02	93	Name	O	AN 1/35	
			Free-form name			
	PER03	365	Communication Number Qualifier	C	ID 2/2	
			Code identifying the type of communication number			
			TE Telephone			
	PER04	364	Legal Representative Telephone Number	C	AN 1/80	
			Complete communications number including country or area applicable The telephone number, including area code, at which the Leg may be contacted.			
X	PER05	365	Communication Number Qualifier	X	ID 2/2	
			Code identifying the type of communication number			
X	PER06	364	Communication Number	X	AN 1/80	
X	PER07	365	Complete communications number including country or area applicable Communication Number Qualifier	code	when ID 2/2	
Λ	I EKU/	303	Code identifying the type of communication number	А	ID 2/2	
X	PER08	364	Communication Number	X	AN 1/80	
Λ	1 ERUO	304	Complete communications number including country or area			
			applicable			
	PER09	443	Contact Inquiry Reference	O	AN 1/20	
			Additional reference number or description to clarify a contact number			

Segment: CLM Health Claim

Position: 130

Loop: 2300 Mandatory

Level: Detail Usage: Mandatory

Max Use:

Purpose:

To specify basic data about the claim

Syntax Notes: Semantic Notes:

- 1 CLM02 is the total amount of all submitted charges of service segments for this claim.
- 2 CLM06 is provider signature on file indicator. A "Y" value indicates the provider signature is on file; an "N" value indicates the provider signature is not on file.
- 3 CLM08 is assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value indicates benefits have not been assigned to the provider.
- 4 CLM13 is CHAMPUS nonavailability indicator. A "Y" value indicates a statement of non-availability is on file; an "N" value indicates statment of nonavailability is not on file or not necessary.
- 5 CLM15 is charges itemized by service indicator. A "Y" value indicates charges are itemized by service; an "N" value indicates charges are summarized by service.
- 6 CLM18 is explanation of benefit (EOB) indicator. A "Y" value indicates that a paper EOB is requested; an "N" value indicates that no paper EOB is requested.

Comments:

			Data Elem	ent Summary		
	Ref.	Data				
3.6	Des.	Element	Name Name			ributes
M	CLM01	1028	Patient Control N		M	AN 1/38
				ack a claim from creation by the health c	are pr	ovider
			through payment	igned by the provider to identify the patie	ant O	nly the
			-	ers are returned on the remittance advice.		my the
M	CLM02	782	Total Claim Char		M	R 1/15
			Monetary amount			
	CLM03	1032	Claim Editing Ind	icator	O	ID 1/2
			Code identifying ty	rpe of claim		
\mathbf{X}	CLM04	1343	Non-Institutional	Claim Type Code	O	ID 1/2
			Code identifying th	e type of provider or claim		
M	CLM05	C023	Health Care Servi	ce Location Information	M	
			To provide informa	tion that identifies the place of service or	the ty	ype of bill
				on at which a health care service was ren	dered	
M	C02301	1331	Facility Code Valu	ie	\mathbf{M}	AN 1/2
				e type of facility where services were per		
				ns of the Uniform Bill Type code or the P		
				tronic Media Claims National Standard F		
				ifies where all the services were performed code applies to all services, unless the se		
				t Place of Service. Two digit HCFA place		
			follows:			
			11	Office		
			12	Home		
			21	Inpatient Hospital		
			22	Outpatient Hospital		
			23	Emergency Room - Hospital		
			24	Ambulatory Surgical Center		
			25	Birthing Center		

			26	Military Treatment Facility		
			31	Skilled Nursing Facility		
			32	Nursing Facility		
			33	Custodial Care Facility		
			34	Hospice		
			35	Adult Living Care Facility		
			41	Ambulance - Land		
			42	Ambulance - Air or Water		
			50	Federally Qualified Health Care Cent	ter	
			51	Inpatient Psychiatric Facility		
			52	Psychiatric Facility Partial Hospitaliz	ation	
			53	Community Mental Health Center		
			54	Intermediate Care Facility / Mentally	Retard	ed
			55	Residential Substance Abuse Treatme		
			56	Psychiatric Residential Treatment Ce		111.
			61	Comprehensive Inpatient Rehabilitati		lity
			62	Comprehensive Outpatient Rehabilita		-
			65	End Staage Renal Disease Treatment		•
			71	State or Local Public Health Clinic	1 acmity	'
			72	Rural Health Clinic		
			81	Independent Laboratory		
			99	Other Unlisted Facility		
X	C02302	1332	Facility Code	•	0	ID 1/2
Λ	C02302	1332	•	ng the type of facility referenced	U	11) 1/2
M	C02303	1325		ncy Type Code	M	ID 1/1
IVI	C02303	1323	_			
				g the frequency of the claim; this is the thir g Claim Form Bill Type	u positi	on or the
			1	Original		
			7	Adjustment		
	CLM06	1073	Provider Signa	·	O	ID 1/1
			_	g a Yes or No condition or response		
			_	of the provider of service(s) reported on this	s claim v	which
				the performance of the service(s) and autho		
			N	No		
			Y	Yes		
	CLM07	1359	Provider Assig	gnment Indicator	O	ID 1/1
			Code indicating	g whether the provider accepts assignment		
			A code indicati	ing whether the provider accepts assignmen	ıt.	
			A	Assigned		
			В	Assignment Accepted on Clinical La	b Servic	es Only
			C	Not Assigned		
	CLM08	1073	Assignment of	Benefits Indicator	O	ID 1/1
			Code indicating	g a Yes or No condition or response		
			N	No		
			Y	Yes		
	CLM09	1363	Release of Info	ormation Indicator	C	ID 1/1
			Code indicating	g whether the provider has on file a signed	statemei	nt by the
				zing the release of medical data to other org ng whether the provider has on file a signed		
			adjudicate the o			
			Y	Yes, Provider has a Signed Statemen	t Permit	tting Release
MDOTTOGG	(002051)			20		10 000

Y Yes, Provider has a Signed Statement Permitting Release MDCH837P (003051) 38 January 12, 2001

of Medical Billing Data Related to a Claim

CLM₁₀ 1351 **Patient Signature Source Code** ID 1/1 Code indicating how the patient or subscriber authorization signatures were obtained and how they are being retained by the provider В Signed signature authorization form or forms for both HCFA-1500 Claim Form block 12 and block 13 are on file CLM11 C024 **Related Causes Information** To identify one or more related causes and associated state or country information M C02401 1362 **Accident or Employment Indicator** M ID 2/3Code identifying an accompanying cause of an illness, injury or an accident A code to indicate whether the patient's medical condition was the result of an auto accident; was the result of an accident or illness caused by another party; was allegedly due to the environment or events resulting from employment; or was the result of a non-auto related accident. If CLM11 is "AA" then CLM11-04 is required. AA Auto Accident EM **Employment** OA Other Accident C02402 1362 **Accident or Employment Indicator** O ID 2/3Code identifying an accompanying cause of an illness, injury or an accident A second code to indicate whether the patient's medical condition was the result of an auto accident; was the result of an accident or illness caused by another party; was allegedly due to the environment or events resulting from employment; or was the result of a non-auto related accident. If CLM11 is "AA" then CLM11-04 is required. AA Auto Accident **EM Employment** OA Other Accident C02403 1362 **Accident or Employment Indicator** O ID 2/3Code identifying an accompanying cause of an illness, injury or an accident A third code to indicate whether the patient's medical condition was the result of an auto accident; was the result of an accident or illness caused by another party; was allegedly due to the environment or events resulting from employment; or was the result of a non-auto related accident. If CLM11 is "AA" then CLM11-04 is required. AA Auto Accident **EM Employment** OAOther Accident C02404 156 O ID 2/2**Accident State** Code (Standard State/Province) as defined by appropriate government agency The State Postal Code identifying the state in which the automobile accident occurred. \mathbf{X} C02405 26 **Country Code** ID 2/3Code identifying the country CLM12 1366 **Special Program Indicator** $\mathbf{0}$ ID 2/3Code indicating the Special Program under which the services rendered to the patient were performed A code indicating the Special Program under which the services rendered to the patient were performed. 06 Pneumococcal Pneumonia Vaccine (PPV) or Medicare 100% Payment

Code indicating a Yes or No condition or response Lab services were provided to a homebound patient. O ID 1/1

Homebound Indicator

CLM13

1073

			N No		
			Y Yes		
\mathbf{X}	CLM14	1338	Level of Service Code	O	ID 1/3
			Code specifying the level of service rendered		
X	CLM15	1073	Yes/No Condition or Response Code	0	ID 1/1
			Code indicating a Yes or No condition or response		
X	CLM16	1360	Provider Agreement Code	0	ID 1/1
			Code indicating the type of agreement under which the prothis claim	ovider is	s submitting
X	CLM17	1029	Claim Status Code	O	ID 1/2
X	CLM17	1029	Claim Status Code Code identifying the status of an entire claim as assigned l	_	
_			Code identifying the status of an entire claim as assigned I review organization or repricing organization	by the p	ayor, claim
X X	CLM17	1029 1073	Code identifying the status of an entire claim as assigned l	_	
_			Code identifying the status of an entire claim as assigned I review organization or repricing organization	by the p	ayor, claim
_			Code identifying the status of an entire claim as assigned leaview organization or repricing organization Yes/No Condition or Response Code	by the p	ayor, claim
X	CLM18	1073	Code identifying the status of an entire claim as assigned I review organization or repricing organization Yes/No Condition or Response Code Code indicating a Yes or No condition or response	by the p O	ayor, claim ID 1/1
X	CLM18	1073	Code identifying the status of an entire claim as assigned I review organization or repricing organization Yes/No Condition or Response Code Code indicating a Yes or No condition or response Claim Submission Reason Code	by the p O	ayor, claim ID 1/1

 $\overline{\mathbf{DTP}}$ Provider Signature Date Segment:

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Mandatory Max Use: 150

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

M	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualif	ier	Attr M	ributes ID 3/3
			Code specifying ty	pe of date or time, or both date and time		
			469	Provider Signature		
				Date supplier of medical service signifi- question was, in fact, provided	ed the	service in
M	DTP02	1250	Date Time Period	Format Qualifier	M	ID 2/3
			Code indicating the	e date format, time format, or date and tim	e forn	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Provider Signatur	re Date	\mathbf{M}	AN 1/35
			Expression of a dat	e, a time, or range of dates, times or dates	and t	imes

DTP Admission Date **Segment:**

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Conditional

Max Use:

Purpose: To specify any or all of a date, a time, or a time period.

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: Mandatory if services provided during an inpatient hospital stay.

	Ref. Des.	Data Element	Name	<i>-</i>	Affi	ributes
M	DTP01	374	Date/Time Qualifi	er	M	ID 3/3
			Code specifying typ	pe of date or time, or both date and time		
			435	Admission		
				Date of entrance to a health care establi	shme	nt
M	DTP02	1250	Date Time Period	Format Qualifier	M	ID 2/3
			Code indicating the	date format, time format, or date and time	e forr	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Admission Date		M	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	times

Segment: DTP Discharge Date

Position: 135

Loop: 2300 Mandatory

Level: Detail Usage: Conditional

Max Use:

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines. Mandatory if services provided during an

inpatient hospital stay and the patient has been discharged..

	Ref.	Data			
	Des.	Element	<u>Name</u>	<u>Attributes</u>	
M	DTP01	374	Date/Time Qualifier	M ID 3/3	
			Code specifying type of date or time, or bo	th date and time	
			096 Discharge		
M	DTP02	1250	Date Time Period Format Qualifier	M ID 2/3	
			Code indicating the date format, time format	at, or date and time format	
			D8 Date Expressed in For	rmat CCYYMMDD	
M	DTP03	1251	Discharge Date	M AN 1/3	5
			Expression of a date, a time, or range of da	tes, times or dates and times	

Segment: **DTP** Date Last Seen

Position: 135

Loop: 2300 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes:

Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines.

M	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualification (Code specifying type)	ier pe of date or time, or both date and time	Attr M	ributes ID 3/3
			304	Latest Visit or Consultation		
				Date subscriber or dependent last visite with a physician	d or c	onsulted
\mathbf{M}	DTP02	1250	Date Time Period	Format Qualifier	\mathbf{M}	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Date Last Seen		\mathbf{M}	AN 1/35
			Expression of a dat	e, a time, or range of dates, times or dates	and t	imes

DTP Illness Date Segment:

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines.

	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>	·	Attr	<u>ibutes</u>
M	DTP01	374	Date/Time Quali	ifier	\mathbf{M}	ID 3/3
			Code specifying t	ype of date or time, or both date and time		
			431	Onset of Current Symptoms or Illness		
				Date first symptoms appeared		
M	DTP02	1250	Date Time Perio	d Format Qualifier	\mathbf{M}	ID 2/3
			Code indicating the	he date format, time format, or date and time	e forn	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Illness Date		\mathbf{M}	AN 1/35
			Expression of a d	ate, a time, or range of dates, times or dates	and t	imes

DTP Accident Date **Segment:**

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Conditional

Max Use:

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines. mandatory if CLM11 is 'AA', 'EM' or 'OA'.

	Ref.	Data			••
	<u>Des.</u>	<u>Element</u>	<u>Name</u>	Attr	<u>ributes</u>
M	DTP01	374	Date/Time Qualifier	\mathbf{M}	ID 3/3
			Code specifying type of date or time, or both date and time		
			439 Accident		
			Date mishap occurred		
M	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date and time	e forn	nat
			D8 Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Accident Date	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and t	times

DTP Release of Information Date **Segment:**

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines.

M	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualif	ier pe of date or time, or both date and time	Attr M	ributes ID 3/3
			440	Release of Information		
			110	Date patient signified it was acceptable pertinent information to other parties	to dis	stribute
M	DTP02	1250	Date Time Period	Format Qualifier	M	ID 2/3
			Code indicating the	e date format, time format, or date and tim	e forn	nat
			D8	Date Expressed in Format CCYYMMD	D	
\mathbf{M}	DTP03	1251	Release of Inform	ation Date	\mathbf{M}	AN 1/35
			Expression of a dat	te, a time, or range of dates, times or dates	and t	times

DTP Last Menstrual Period Date Segment:

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines.

	Ref.	Data			
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
M	DTP01	374	Date/Time Qualifier	M	ID 3/3
			Code specifying type of date or time, or both date and	time	
			484 Last Menstrual Period		
M	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date a	nd time form	nat
			D8 Date Expressed in Format CCYY	MMDD	
M	DTP03	1251	Last Menstrual Period Date	M	AN 1/35
			Expression of a date, a time, or range of dates, times o	r dates and t	imes

DTP First Consulted Date Segment:

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes:

1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines.

	Ref.	Data	·		
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
M	DTP01	374	Date/Time Qualifier	\mathbf{M}	ID 3/3
			Code specifying type of date or time, or both date and time		
			444 First Visit or Consultation		
			Date patient first sought medical assista	ınce	
M	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date and time	e forn	nat
			D8 Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	First Consulted Date	M	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and t	imes

 ${f DTP}$ Additional Documentation Sent Date **Segment:**

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes:

1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines.

M	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Quali	fier	Attr M	ibutes ID 3/3
			Code specifying t	ype of date or time, or both date and time		
			368	Submittal		
				Date an item was submitted to a custom	er	
M	DTP02	1250	Date Time Period	d Format Qualifier	M	ID 2/3
			Code indicating th	e date format, time format, or date and time	e forn	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Additional Docum	nentation Sent Date	M	AN 1/35
			Expression of a da	ate, a time, or range of dates, times or dates	and t	imes
			The date the docu may be sent when	mentation described in the PWK segment v the PWK is used.	vas se	ent. This date

DTP Admission Date2 Segment:

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes:

1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines.

	Ref. Des.	Data Element	Name	J	Attr	ributes
M	DTP01	374	Date/Time Qualific	er	M	ID 3/3
			-	be of date or time, or both date and time		
			627	Second Admission Date		
				Date of second admission to a health ca occurred during the service period of th		•
M	DTP02	1250	Date Time Period	Format Qualifier	\mathbf{M}	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Admission Date2		\mathbf{M}	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	imes
			A date to indicate the during the service p	ne second admission to a health care facili eriod of this claim.	ity wh	nich occurred

Segment: DTP Discharge Date2

Position: 135

Loop: 2300 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes:

Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines.

	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>		<u>Attı</u>	ributes
M	DTP01	374	Date/Time Qualifi	er	\mathbf{M}	ID 3/3
			Code specifying typ	be of date or time, or both date and time		
			637	Second Discharge Date		
				Date of second discharge from a health which occurred during the service period		•
M	DTP02	1250	Date Time Period	Format Qualifier	M	ID 2/3
			Code indicating the	date format, time format, or date and time	e forr	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Discharge Date2		M	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	times
				he second discharge from a health care far service period of this claim.	cility	which

DTP Disability Begin Date Segment:

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines.

M	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualifier Code specifying type of date or time, or both date and time	M	ributes ID 3/3
			360 Disability Begin	iic	
			Date on which the disability begins		
M	DTP02	1250	Date Time Period Format Qualifier	\mathbf{M}	ID 2/3
			Code indicating the date format, time format, or date and	time forn	nat
			D8 Date Expressed in Format CCYYM	MDD	
M	DTP03	1251	Disability Begin Date	\mathbf{M}	AN 1/35
			Expression of a date, a time, or range of dates, times or d	ates and t	imes
			The beginning date the patient was or will be unable to p normally associated with the patient's work.	erform the	e duties

DTP Disability End Date Segment:

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines.

	Ref.	Data	2 2	5-1-1 S 4 J		
	Des.	Element	<u>Name</u>		Attr	<u>ributes</u>
M	DTP01	374	Date/Time Qualific	er	M	ID 3/3
			Code specifying typ	e of date or time, or both date and time		
			361	Disability End		
				Date on which the disability ends		
M	DTP02	1250	Date Time Period	Format Qualifier	\mathbf{M}	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Disability End Date	e	\mathbf{M}	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	imes
			The ending date of t	he patient's disability.		

DTP Date Care Assumed **Segment:**

Position: 135

2300 Loop: Mandatory

Level: Detail **Usage:** Conditional

Max Use:

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This segment applies to all service lines. Mandatory when specified by global surgery

policy.

M	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qual Code specifying t	ifier type of date or time, or both date and time	Attr M	ributes ID 3/3
			ZZZ	Mutually Defined		
				Date Care Assumed.		
M	DTP02	1250	Date Time Perio	d Format Qualifier	M	ID 2/3
			Code indicating to	he date format, time format, or date and tim	ne form	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Date Care Assur	ned	M	AN 1/35
			Expression of a d	ate, a time, or range of dates, times or dates	s and t	times
			The date the care	of the patient was assumed by another phy	sician	

PWK Paperwork **Segment:**

Position: 155

2300 Loop: Mandatory

Level: Detail Usage: Conditional

Max Use: 10

Purpose: To identify the type and transmission of paperwork or supporting information

Syntax Notes: Semantic Notes:

If either PWK05 or PWK06 is present, then the other is required.

Comments:

1 PWK05 and PWK06 may be used to identify the addressee by a code number.

PWK07 may be used to indicate special information to be shown on the specified report.

PWK08 may be used to indicate action pertaining to a report.

Notes:

This segment should only be used where the payer requires paper documentation and no electronic means of transferring the data exists.

			Data I	Element Summary		
	Ref.	Data				
	Des.	Element	<u>Name</u>			<u>ributes</u>
M	PWK01	755	Type of Docu	mentation	M	ID 2/2
			Code indicatin	g the title or contents of a document, report or	r supp	orting item
			Use "CT" for p	patient consent forms.		
			CT	Certification		
			DG	Diagnostic Report		
				Report describing the results of lab test radiology films	s x-ra	ys or
			DS	Discharge Summary		
			ОВ	Report listing the condition of the patie from the hospital; it usually lists where being released to, what medication the and when to follow-up with the doctor Operative Note	the pa	atient is
				Step-by-step notes of exactly what take operation	es plac	ce during an
M	PWK02	756	Documentatio	n Indicator	\mathbf{M}	ID 1/2
			be sent	timing, transmission method or format by wheescribing how paper documentation pertaining transmitted. By Mail	•	-
			FX	By Fax		
X	PWK03	757	Report Copies	•	0	N0 1/2
				f copies of a report that should be sent to the a	ıddres	see
X	PWK04	98	Entity Identifi		0	ID 2/2
			•	ng an organizational entity, a physical location	_	
X	PWK05	66	•	Code Qualifier	X	ID 1/2
12	1 ((1100	v		ing the system/method of code structure used		
X	PWK06	67	Identification	Code	\mathbf{X}	AN 2/20
			Code identifyi	ng a party or other code		
X	PWK07	352	Description		O	AN 1/80
			A free-form de	escription to clarify the related data elements a	and the	eir content
X	PWK08	C002	Actions Indica	-	O	
			Actions to be p	performed on the piece of paperwork identifie	d	
X	C00201	704	_	eport Action Code	M	ID 1/2
			Code specifyin	ng how the paperwork or report that is identifi	ed in t	the PWK

			segment relates to the transaction set or to identify the ac	tion that is required
X	C00202	704	Paperwork/Report Action Code	O ID 1/2
X	C00203	704	Code specifying how the paperwork or report that is iden segment relates to the transaction set or to identify the ac Paperwork/Report Action Code	
X	C00204	704	Code specifying how the paperwork or report that is iden segment relates to the transaction set or to identify the ac Paperwork/Report Action Code	
v	C00205	704	Code specifying how the paperwork or report that is iden segment relates to the transaction set or to identify the ac Paperwork/Report Action Code	
Λ	C00205	704	Code specifying how the paperwork or report that is iden segment relates to the transaction set or to identify the ac	tified in the PWK

Segment: AMT Patient Amount Paid

Position: 175

Loop: 2300 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To indicate the total monetary amount

Syntax Notes: Semantic Notes:

Comments:

Notes: Required when specified by spend-down policy. Do not report patient's co-pay amount.

	Ref.	Data	NT		A 44	•1
	<u>Des.</u>	<u>Element</u>	<u>Name</u>		Attr	<u>ibutes</u>
M	AMT01	522	Amount Qualifier	Code	M	ID 1/2
			Code to qualify amo	punt		
			F5	Patient Amount Paid		
				Monetary amount value already paid by medical care	one i	receiving
				Monetary amount value already paid by medical care.	one	receiving
M	AMT02	782	Patient Amount Pa	aid	\mathbf{M}	R 1/15
			Monetary amount			
			The amount the propayment of this claim	vider has received from the patient (or insm.	ured) toward
X	AMT03	478	Credit/Debit Flag (Code	O	ID 1/1
			Code indicating who	ether amount is a credit or debit		

AMT Patient Balance Due **Segment:**

Position: 175

Loop: 2300 Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose: To indicate the total monetary amount

Syntax Notes: Semantic Notes: **Comments:**

	Ref.	Data			
	Des.	Element	<u>Name</u>	Attr	<u>ibutes</u>
M	AMT01	522	Amount Qualifier Code	M	ID 1/2
			Code to qualify amount		
			BD Balance Due		
M	AMT02	782	Patient Balance Due	M	R 1/15
			Monetary amount		
			Amount of total charges remaining if partial payment is made	by t	he patient.
X	AMT03	478	Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment: AMT Laboratory Charges

Position: 175

Loop: 2300 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose:

e: To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

	Ref. <u>Des</u> .	Data Element	Name	Δttr	ibutes
M	AMT01	522	Amount Qualifier Code	M	ID 1/2
			Code to qualify amount		
			Use ZZ for Lab Charges		
			ZZ Mutually Defined		
\mathbf{M}	AMT02	782	Lab Charges	M	R 1/15
			Monetary amount		
			Amount of total lab charges.		
X	AMT03	478	Credit/Debit Flag Code	0	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment: REF Prior Authorization Number

Position: 180

Loop: 2300 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Semantic Notes: Comments:

Notes: Required when specified by prior authorization policy.

M	Ref. <u>Des.</u> REF01	Data Element 128	Name Reference Number Qualifier	Attr M	ributes ID 2/3
			Code qualifying the Reference Number.		
			G1 Prior Authorization Number		
			An authorization number acquired prior of a claim	or to the	e submission
M	REF02	127	Prior Authorization Number	\mathbf{M}	AN 1/30
	D	252	Reference number or identification number as defined for Transaction Set, or as specified by the Reference Number		er.
X	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data elements	and the	eir content

 ${f REF}$ Investigational Device Exemption Number **Segment:**

Position: 180

2300 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose: To specify identifying numbers.

Syntax Notes: Semantic Notes: 1 At least one of REF02 or REF03 is required.

Comments:

	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>	<u>Attı</u>	<u>ributes</u>		
M	REF01	128	Reference Number Qualifier	\mathbf{M}	ID 2/3		
			Code qualifying the Reference Number.				
			LX Qualified Products List				
M	REF02	127	Investigational Device Exemption Number	\mathbf{M}	AN 1/30		
			Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier. The IDE number for an investigation device when used in an FDA-Approved clinical trial.				
X	REF03	352	Description	\mathbf{X}	AN 1/80		
			A free-form description to clarify the related data elements a	nd the	eir content		

Segment: ${f REF}$ Medicare Demonstration Number

Position: 180

Loop: 2300 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Semantic Notes: Comments:

	Ref.	Data	·		
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
\mathbf{M}	REF01	128	Reference Number Qualifier	\mathbf{M}	ID 2/3
			Code qualifying the Reference Number.		
			P4 Project Code		
M	REF02	127	Medicare Demonstration Number	M	AN 1/30
			Reference number or identification number as defined for a	particu	ılar
			Transaction Set, or as specified by the Reference Number (Qualifie	r.
X	REF03	352	Description	\mathbf{X}	AN 1/80
			A free-form description to clarify the related data elements	and the	ir content

Segment: REF Original Reference Number

Position: 180

Loop: 2300 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Semantic Notes: Comments:

Notes: Required when CLM 05-3 is '7' (replacement).

	Ref.	Data	·		
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
M	REF01	128	Reference Number Qualifier	M	ID 2/3
			Code qualifying the Reference Number.		
			F8 Original Reference Number		
M	REF02	127	Claim Original Reference Number	\mathbf{M}	AN 1/30
			Reference number or identification number as defined for a p		
			Transaction Set, or as specified by the Reference Number Qu		
			Report the 10-digit CRN of the last paid claim that you are re	placi	ng.
X	REF03	352	Description	\mathbf{X}	AN 1/80
			A free-form description to clarify the related data elements ar	ıd the	ir content

Segment: REF Claim Identification Number for Clearing Houses

Position: 180

Loop: 2300 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes: Comments:

Notes: Used only by transmission intermediaries (automated clearing houses, and others) who

need to attach their own unique claim number.

	Ref.	Data					
	Des.	Element	<u>Name</u>		Attr	<u>ributes</u>	
M	REF01	128	Reference Numbe	r Qualifier	\mathbf{M}	ID 2/3	
			Code qualifying the	e Reference Number.			
			D9	Claim Number			
				Sequence number to track the number within a particular line of business	of clain	ms opened	
	REF02	127	Value Added Netv	vork Trace Number	X	AN 1/30	
			Transaction Set, or	Reference number or identification number as defined for a particular Transaction Set, or as specified by the Reference Number Qualifier. This field must be numeric. The leftmost 10 characters are returned on the			
X	REF03	352	Description	ce advice.	X	AN 1/80	
			A free-form descrip	otion to clarify the related data elements a	ınd the	ir content	

Segment: **REF** Medical Record Number

Position: 180

Loop: 2300 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Semantic Notes: Comments:

M	Ref. <u>Des.</u> REF01	Data Element 128	Name Reference Numb		Attr M	ributes ID 2/3
			Code qualifying the	ne Reference Number.		
			EA	Medical Record Identification Number		
				A unique number assigned to each pation of service (hospital) to assist in retrieva records	-	
	REF02	127	Medical Record	Number	\mathbf{X}	AN 1/30
X	REF03	352		or identification number as defined for a property of the Reference Number Q	•	
			A free-form descri	iption to clarify the related data elements a	nd the	eir content

Segment: NTE Extra Narrative Data

Position: 185

Loop: 2300 Mandatory

Level: Detail Usage: Conditional

Max Use:

Purpose: To convey additional narrative data that cannot be encoded in the CLM segement. **Syntax Notes:**

Syntax Notes: Semantic Notes:

Comments: 1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

	Ref. <u>Des.</u> NTE01	Data Element 363	Name Note Reference	e Code	Attr O	ributes ID 3/3
			Code identifyin ADD	g the functional area or purpose for which the Additional Information	e note	applies
M	NTE02	352	Description		M	AN 1/80
			A free-form des	cription to clarify the related data elements a	nd the	ir content

Segment: Health Care Information Codes

Position: 231

Loop: 2300 Mandatory

Level: Detail Usage: Mandatory

Max Use: 25

Purpose: To supply information related to the delivery of health care

Syntax Notes: 1 If either C02203 or C02204 is present, then the other is required.

- 2 If either C02203 or C02204 is present, then the other is required.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 If either C02203 or C02204 is present, then the other is required.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 If either C02203 or C02204 is present, then the other is required.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 If either C02203 or C02204 is present, then the other is required.
- 9 If either C02203 or C02204 is present, then the other is required.
- ${\bf 10}$ $\,$ If either C02203 or C02204 is present, then the other is required.
- ${\bf 11}~$ If either C02203 or C02204 is present, then the other is required.
- 12 If either C02203 or C02204 is present, then the other is required.

Semantic Notes: Comments:

	Ref.	Data	Data Element Summary		
	Des.	Element	Name	Attı	<u>ibutes</u>
M	HI01	C022	Health Care Code Information	\mathbf{M}	
			To send health care codes and their associated dates, amounts	and	quantities
M	C02201	1270	Code List Qualifier Code	\mathbf{M}	ID 1/3
			Code identifying a specific industry code list		
			BK Principal Diagnosis		
M	C02202	1271	Primary Diagnosis Code	\mathbf{M}	AN 1/30
			Code indicating a code from a specific industry code list		
			An ICD-9-CM Diagnosis Code identifying a diagnosed medi	cal co	ondition
			resulting in a line item service.		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time		
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates		
X	C02205	782	Monetary Amount	O	R 1/15
			Monetary amount		
X	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
	HI02	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts		_
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
M	C02202	1271	Diagnosis Code-2	M	AN 1/30
			Code indicating a code from a specific industry code list		
			An ICD-9-CM Diagnosis Code identifying a diagnosed medi	cal c	ondition
X	C02203	1250	resulting in a line item service. Date Time Period Format Qualifier	X	ID 2/3
Λ	C02203	1230	Code indicating the date format, time format, or date and time		
X	C02204	1251	Date Time Period	2 10rr X	nat AN 1/35
Λ	C02204	1251	Date Time reflou	Λ	AN 1/35

			Expression of a date, a time, or range of dates, times or dates a	and t	imes
X	C02205	782	Monetary Amount	0	R 1/15
			Monetary amount		
\mathbf{X}	C02206	380	Quantity	0	R 1/15
			Numeric value of quantity		
	HI03	C022	Health Care Code Information	0	
			To send health care codes and their associated dates, amounts	and	quantities
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
M	C02202	1271	Diagnosis Code-3	M	AN 1/30
			Code indicating a code from a specific industry code list		
			An ICD-9-CM Diagnosis Code identifying a diagnosed medic	al co	ondition
v	C02202	1250	resulting in a line item service.	v	ID 2/2
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
v	C02204	1051	Code indicating the date format, time format, or date and time Date Time Period		
X	C02204	1251		X	AN 1/35
X	C02205	782	Expression of a date, a time, or range of dates, times or dates a Monetary Amount	ana t O	R 1/15
Λ	C02203	704	•	U	K 1/15
X	C02206	380	Monetary amount Quantity	o	R 1/15
Λ	C02200	300	- · · · · ·	U	K 1/15
	HI04	C022	Numeric value of quantity Health Care Code Information	0	
	11104	C022	To send health care codes and their associated dates, amounts	_	quantities
M	C02201	1270	Code List Qualifier Code		ID 1/3
IVI	C02201	1270	Code identifying a specific industry code list	IVI	ID 1/3
			BF Diagnosis		
М	C02202	1271	_	м	A N 1/30
M	C02202	1271	Diagnosis Code-4	M	AN 1/30
M	C02202	1271	Diagnosis Code-4 Code indicating a code from a specific industry code list		
M	C02202	1271	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic		
M X	C02202 C02203	1271 1250	Diagnosis Code-4 Code indicating a code from a specific industry code list		
			Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service.	al co	ondition ID 2/3
			Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier	al co	ondition ID 2/3
X	C02203	1250	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time	x X form	ID 2/3 nat AN 1/35
X	C02203	1250	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period	x X form	ID 2/3 nat AN 1/35
x x	C02203 C02204	1250 1251	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a	X form X and t	ID 2/3 mat AN 1/35 imes
x x	C02203 C02204	1250 1251	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount	X form X and t	ID 2/3 mat AN 1/35 imes
x x x	C02203 C02204 C02205	1250 1251 782	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount	x form X and t	ID 2/3 mat AN 1/35 imes R 1/15
x x x	C02203 C02204 C02205	1250 1251 782	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity	x form X and t	ID 2/3 mat AN 1/35 imes R 1/15
x x x	C02203 C02204 C02205 C02206	1250 1251 782 380	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity Numeric value of quantity	X form X O O	ID 2/3 nat AN 1/35 imes R 1/15 R 1/15
x x x	C02203 C02204 C02205 C02206	1250 1251 782 380	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity Numeric value of quantity Health Care Code Information	X form X and t O O and	ID 2/3 nat AN 1/35 imes R 1/15 R 1/15
X X X	C02203 C02204 C02205 C02206 HI05	1250 1251 782 380 C022	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity Numeric value of quantity Health Care Code Information To send health care codes and their associated dates, amounts Code List Qualifier Code Code identifying a specific industry code list	X form X and t O O and	ID 2/3 nat AN 1/35 imes R 1/15 R 1/15
X X X	C02203 C02204 C02205 C02206 HI05	1250 1251 782 380 C022	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity Numeric value of quantity Health Care Code Information To send health care codes and their associated dates, amounts Code List Qualifier Code	X form X and t O O and	ID 2/3 nat AN 1/35 imes R 1/15 R 1/15
X X X	C02203 C02204 C02205 C02206 HI05	1250 1251 782 380 C022	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity Numeric value of quantity Health Care Code Information To send health care codes and their associated dates, amounts Code List Qualifier Code Code identifying a specific industry code list	X form X and t O O and	ID 2/3 nat AN 1/35 imes R 1/15 R 1/15
X X X M	C02203 C02204 C02205 C02206 HI05 C02201	1250 1251 782 380 C022 1270	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity Numeric value of quantity Health Care Code Information To send health care codes and their associated dates, amounts Code List Qualifier Code Code identifying a specific industry code list BF Diagnosis Diagnosis Code-5 Code indicating a code from a specific industry code list	X form X and t O O and M	ID 2/3 nat AN 1/35 imes R 1/15 R 1/15 quantities ID 1/3 AN 1/30
X X X M	C02203 C02204 C02205 C02206 HI05 C02201	1250 1251 782 380 C022 1270	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity Numeric value of quantity Health Care Code Information To send health care codes and their associated dates, amounts Code List Qualifier Code Code identifying a specific industry code list BF Diagnosis Diagnosis Code-5 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic	X form X and t O O and M	ID 2/3 nat AN 1/35 imes R 1/15 R 1/15 quantities ID 1/3 AN 1/30
X X X M	C02203 C02204 C02205 C02206 HI05 C02201 C02202	1250 1251 782 380 C022 1270	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity Numeric value of quantity Health Care Code Information To send health care codes and their associated dates, amounts Code List Qualifier Code Code identifying a specific industry code list BF Diagnosis Diagnosis Code-5 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service.	X form X O O O and M M	ID 2/3 nat AN 1/35 imes R 1/15 R 1/15 quantities ID 1/3 AN 1/30 ondition
X X X M	C02203 C02204 C02205 C02206 HI05 C02201	1250 1251 782 380 C022 1270	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity Numeric value of quantity Health Care Code Information To send health care codes and their associated dates, amounts Code List Qualifier Code Code identifying a specific industry code list BF Diagnosis Diagnosis Code-5 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier	x form X and t O O O and M M	ID 2/3 nat AN 1/35 imes R 1/15 R 1/15 quantities ID 1/3 AN 1/30 ondition ID 2/3
X X X M M	C02203 C02204 C02205 C02206 HI05 C02201 C02202	1250 1251 782 380 C022 1270	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity Numeric value of quantity Health Care Code Information To send health care codes and their associated dates, amounts Code List Qualifier Code Code identifying a specific industry code list BF Diagnosis Diagnosis Code-5 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time	X form X and t O O and M M	ID 2/3 nat AN 1/35 imes R 1/15 R 1/15 quantities ID 1/3 AN 1/30 ondition ID 2/3 nat
X X X M	C02203 C02204 C02205 C02206 HI05 C02201 C02202	1250 1251 782 380 C022 1270	Diagnosis Code-4 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier Code indicating the date format, time format, or date and time Date Time Period Expression of a date, a time, or range of dates, times or dates a Monetary Amount Monetary amount Quantity Numeric value of quantity Health Care Code Information To send health care codes and their associated dates, amounts Code List Qualifier Code Code identifying a specific industry code list BF Diagnosis Diagnosis Code-5 Code indicating a code from a specific industry code list An ICD-9-CM Diagnosis Code identifying a diagnosed medic resulting in a line item service. Date Time Period Format Qualifier	X form X O O O and M M M Fal co X form X	ID 2/3 nat AN 1/35 imes R 1/15 R 1/15 quantities ID 1/3 AN 1/30 ondition ID 2/3 nat AN 1/35

X	C02205	782	Monetary Amount	o	R 1/15
	~~~~		Monetary amount	_	
X	C02206	380	Quantity	O	R 1/15
	*****	G0.22	Numeric value of quantity	_	
	HI06	C022	Health Care Code Information	0	
	C02201	1050	To send health care codes and their associated dates, amounts		-
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
M	C02202	1271	BF Diagnosis	M	AN 1/30
IVI	C02202	12/1	Diagnosis Code-6 Code indicating a code from a specific industry code list	IVI	AN 1/30
			An ICD-9-CM Diagnosis Code identifying a diagnosed media	sal co	ondition
			resulting in a line item service.	iai C	onanion
X	C02203	1250	Date Time Period Format Qualifier	$\mathbf{X}$	ID 2/3
			Code indicating the date format, time format, or date and time	forn	nat
X	C02204	1251	Date Time Period	$\mathbf{X}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and t	times
X	C02205	782	Monetary Amount	0	R 1/15
			Monetary amount		
X	C02206	380	Quantity	0	R 1/15
			Numeric value of quantity		
	HI07	C022	<b>Health Care Code Information</b>	0	
			To send health care codes and their associated dates, amounts	and	-
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
M	C02202	1271	Diagnosis Code-7	M	AN 1/30
			Code indicating a code from a specific industry code list		
			An ICD-9-CM Diagnosis Code identifying a diagnosed medic	cal co	ondition
X	C02203	1250	resulting in a line item service.  Date Time Period Format Qualifier	X	ID 2/3
<b>1</b>	C0220C	1200	Code indicating the date format, time format, or date and time		
X	C02204	1251	Date Time Period		AN 1/35
			Expression of a date, a time, or range of dates, times or dates		
X	C02205	782	Monetary Amount	0	R 1/15
			Monetary amount		
X	C02206	380	Quantity	0	R 1/15
			Numeric value of quantity		
	HI08	C022	<b>Health Care Code Information</b>	0	
			To send health care codes and their associated dates, amounts	and	quantities
M	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
M	C02202	1271	Diagnosis Code-8	M	AN 1/30
			Code indicating a code from a specific industry code list		
			An ICD-9-CM Diagnosis Code identifying a diagnosed medic	cal co	ondition
v	C02202	1250	resulting in a line item service.  Date Time Period Format Qualifier	X	ID 2/2
X	C02203	1250	Code indicating the date format, time format, or date and time		ID 2/3
X	C02204	1251	Date Time Period	<b>X</b>	AN 1/35
41	~v##V <b>7</b>	1231	Expression of a date, a time, or range of dates, times or dates		
X	C02205	782	Monetary Amount	and (	R 1/15
MDCH837P ((			70		nuary 12, 200
WILL HX4/P/I	0.13(13.13		/11	10	nuary 17 700

			Monetary amount		
X	C02206	380	Quantity	o	R 1/15
			Numeric value of quantity		
X	HI09	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts	and	quantities
X	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
X	C02202	1271	Diagnosis Code-9	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	$\mathbf{X}$	ID 2/3
			Code indicating the date format, time format, or date and time	e fori	mat
X	C02204	1251	Date Time Period	$\mathbf{X}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	times
X	C02205	782	Monetary Amount	O	R 1/15
			Monetary amount		
X	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
X	HI10	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts	and	quantities
X	C02201	1270	Code List Qualifier Code	$\mathbf{M}$	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
X	C02202	1271	Diagnosis Code-10	M	AN 1/30
			Code indicating a code from a specific industry code list		
$\mathbf{X}$	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time	e fori	mat
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	times
X	C02205	782	Monetary Amount	0	R 1/15
			Monetary amount		
X	C02206	380	Quantity	0	R 1/15
			Numeric value of quantity		
X	HI11	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts	s and	quantities
X	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
			BF Diagnosis		
X	C02202	1271	Diagnosis Code-11	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time	e fori	nat
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and	
X	C02205	782	Monetary Amount	O	R 1/15
	_		Monetary amount		_
X	C02206	380	Quantity	O	R 1/15
<b>T</b> 7	****	C0.55	Numeric value of quantity	_	
X	HI12	C022	Health Care Code Information	0	
<b>3</b> 7	G00001	1050	To send health care codes and their associated dates, amounts		•
X	C02201	1270	Code List Qualifier Code	IVI	ID 1/3
	(0000-1)			_	

			Code identifying a specific industry code list		
			BF Diagnosis		
X	C02202	1271	Diagnosis Code-12	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time	forn	nat
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and t	times
X	C02205	782	Monetary Amount	0	R 1/15
			Monetary amount		
X	C02206	380	Quantity	0	R 1/15
			Numeric value of quantity		

Segment: LS Loop Header

**Position:** 245

Loop: 2300 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose:

To indicate that the next segment begins a loop

Syntax Notes: Semantic Notes:

One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Comments: Notes:

1 See Figures Appendix for an explanation of the use of the LS and LE segments. This segment MUST be used once, and only once, if NM1 at position 250 is used, regardless of the number of repetitions of loops 2310-2316.

### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
$\mathbf{M}$	LS01	447	Loop Identifier Code	M AN 1/4

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE Use 2310.

Segment: NM1 Facility Name

**Position:** 250

Loop: 2310 Conditional

Level: Detail Usage: Conditional

Max Use:

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 

**Notes:** Required if services were provided in an inpatient facility, as indicated by CLM 05-1.

The Facility must be identified by name (NM103) and/or by Identification Number  $\,$ 

(NM108 and NM109) according to billing instructions.

# **Data Element Summary**

	Ref. <u>Des</u> .	Data <u>Element</u>	Name	Ziement Summury	<u>Attr</u>	<u>ibutes</u>	
M	NM101	98	<b>Entity Identif</b>	fier Code	$\mathbf{M}$	ID 2/2	
			Code identifyi	ing an organizational entity, a physical locat	ion, or a	n individual	
			61	Performed At			
				The facility where work was perform	ned		
M	NM102	1065	Entity Type (	Qualifier	$\mathbf{M}$	<b>ID 1/1</b>	
			Code qualifying	ng the type of entity			
			2	Non-Person Entity			
	NM103	1035	Facility Name	e	C	AN 1/35	
			Individual last	t name or organizational name			
X	NM104	1036	Name First		O	AN 1/25	
			Individual firs	et name			
X	NM105	1037	Name Middle	2	O	AN 1/25	
			Individual mic	ddle name or initial			
X	NM106	1038	Name Prefix		O	AN 1/10	
			Prefix to indiv	vidual name			
$\mathbf{X}$	NM107	1039	Name Suffix		O	AN 1/10	
			Suffix to indiv	vidual name			
	NM108	66	Identification	Code Qualifier	$\mathbf{X}$	ID 1/2	
			•	ting the system/method of code structure use	ed for Ide	entification	
			Code (67)				
			FA	Facility Identification			
			ZZ	Mutually Defined			
				National Provider Identifier			
	NM109	67	Facility ID		C	AN 2/20	
			Code identifyi	ing a party or other code			
			This must be the National Provider Identifier (NPI) once the NPI is				

This must be the National Provider Identifier (NPI) once the NPI is

implemented.

Segment: N3 Facility Address

**Position:** 265

Loop: 2310 Conditional

Level: Detail
Usage: Optional
Max Use: 1

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

			Data Element Summary		
	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>	<u>Attributes</u>	
M	N301	166	Facility / Laboratory Street Address-1	M	AN 1/35
			Address information		
			The mailing address of the Facility or the Laboratory where submitted on this claim were rendered.	the se	rvices being
	N302	166	Facility / Laboratory Street Address -2	O	AN 1/35
			Address information		
			Additional mailing address of the facility or laboratory when being submitted on this claim were rendered.	e the s	services

Segment: N4 Facility City, State, ZIP

**Position:** 270

Loop: 2310 Conditional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

	Ref.	Data			
	Des.	<b>Element</b>	Name	ributes	
M	N401	19	Facility / Laboratory City		AN 2/30
			Free-form text for city name		
			The city name of the Facility or Laboratory where the service on this claim were rendered.	es bei	ng submitted
M	N402	156	Facility / Laboratory State	M	<b>ID 2/2</b>
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
			See Appendix B for State Abbreviation Codes.		
	N403	116	Facility / Laboratory ZIP Code	O	<b>ID 3/11</b>
			Code defining international postal zone code excluding punc (zip code for United States)	tuatio	n and blanks
			The ZIP Code of the facility or laboratory where the services on this claim were rendered.	bein	g submitted
$\mathbf{X}$	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
X	N405	309	Location Qualifier	$\mathbf{X}$	ID 1/2
			Code identifying type of location		
	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

NM1 Referring Provider Name **Segment:** 

**Position:** 250

2311 Loop: Conditional

Level: Detail Usage: Conditional

Max Use:

**Purpose:** To supply the full name of an individual or organizational entity **Syntax Notes:** If either NM108 or NM109 is present, then the other is required.

**Semantic Notes:** NM102 qualifies NM103.

**Comments:** 

**Notes:** Refer to the policy manual for situations where this segment is required. It is always required when billing the following services: clinical lab, consultations, and non-

emergency ambulance transports.

# **Data Element Summary**

				Data Element Summary			
	Ref.	Data					
	Des.	<b>Element</b>	<u>Name</u>			<u>ributes</u>	
M	NM101	98	Entity 1	dentifier Code	M	ID 2/2	
				entifying an organizational entity, a physical location	, or a	n individual	
			DN	Referring Provider			
M	NM102	1065	-	Гуре Qualifier	M	ID 1/1	
			Code qu	alifying the type of entity			
			1	Person			
M	NM103	1035	Referri	ng Provider Last Name	$\mathbf{M}$	AN 1/35	
			Individu	al last name or organizational name			
M	NM104	1036	Referri	ng Provider First Name	M	AN 1/25	
			Individu	al first name			
	NM105	1037	Referri	ng Provider Middle Initial	O	AN 1/25	
			Individu	al middle name or initial			
X	NM106	1038	Name P	refix	O	AN 1/10	
			Prefix to	o individual name			
X	NM107	1039	Name S	uffix	O	AN 1/10	
			Suffix to	o individual name			
	NM108	66	Identifi	cation Code Qualifier	$\mathbf{X}$	ID 1/2	
			Code de Code (6	ssignating the system/method of code structure used f	or Ide	entification	
			24	Employer's Identification Number			
			34	Social Security Number			
			ZZ	Mutually Defined			
				National Provider Identifier			
	NM109	67	Referri	ng Provider ID	C	AN 2/20	
			Code id	entifying a party or other code			
			This must be the National Provider Identifier (NPI) once the NPI is				

implemented.

Segment: N4 Referring Provider City, State, ZIP

**Position:** 270

Loop: 2311 Conditional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

	Ref. <u>Des</u> . N401	Data <u>Element</u> 19	<u>Name</u> Referring Provider City	Attr O	ributes AN 2/30
	N402	156	Free-form text for city name  Referring Provider State	O	ID 2/2
	11402	130	Code (Standard State/Province) as defined by appropriate go See Appendix B for State Abbreviation Codes.	_	
	N403	116	Referring Provider ZIP Code	0	ID 3/11
X	N404	26	Code defining international postal zone code excluding punc (zip code for United States)  Country Code	tuatio	n and blanks  ID 2/3
			Code identifying the country		
X	N405	309	Location Qualifier	$\mathbf{X}$	ID 1/2
			Code identifying type of location		
X	N406	310	<b>Location Identifier</b> Code which identifies a specific location	0	AN 1/30

Segment:  $\mathbf{REF}$  Referring Provider Medicaid ID

**Position:** 271

Loop: 2311 Conditional

Level: Detail
Usage: Conditional

Max Use: 1

**Purpose:** To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required. Semantic Notes:

Comments:

**Notes:** Refer to the policy manual for situations where this segment is required. It is always

required when billing the following services: clinical lab, consultations, and non-

emergency ambulance transports.

M	Ref. <u>Des.</u> REF01	Data Element 128	<u>Name</u> Reference Number Qualifier	Attr M	ributes ID 2/3
			Code qualifying the Reference Number.		
			1D Medicaid Provider Number		
M	REF02	127	Reference Number	$\mathbf{M}$	AN 1/30
			Reference number or identification number as defined for a parameter of Transaction Set, or as specified by the Reference Number Quantum The 9-digit number assigned to the provider by MDCH for its purposes. The first two digits indicate the provider type and the seven digits indicate the specific provider. Use 888888888 if	ualifie lentifi the re	er. ication maining
	REF03	352	<b>Description</b> A free-form description to clarify the related data elements an	X	AN 1/80

Segment: NM1 Rendering Provider Name

**Position:** 250

Loop: 2312 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 

**Notes:** For Medicaid, the billing provider is considered the rendering provider, so this loop is not

needed.

	Ref.	Data	Data Eleme	che Summary		
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ributes</u>
M	NM101	98	<b>Entity Identifier Co</b>	ode	$\mathbf{M}$	ID 2/2
			Code identifying an	organizational entity, a physical location	, or a	n individual
			82	Rendering Provider		
M	NM102	1065	<b>Entity Type Qualif</b>	ier	$\mathbf{M}$	<b>ID</b> 1/1
			Code qualifying the	type of entity		
			1	Person		
	NM103	1035	Rendering Provide	r Last Name	O	AN 1/35
			Individual last name	or organizational name		
	NM104	1036	Rendering Provide	r First Name	O	AN 1/25
			Individual first name	e		
	NM105	1037	Rendering Provide	r Middle Initial	O	AN 1/25
			Individual middle na	ame or initial		
X	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual	name		
X	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual	name		
	NM108	66	Identification Code	e Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the Code (67)	e system/method of code structure used for	or Ide	entification
			24	Employer's Identification Number		
			34	Social Security Number		
			ZZ	Mutually Defined		
				National Provider Identifier		
	NM109	67	Rendering Provide	r ID	$\mathbf{C}$	AN 2/20
			Code identifying a p	party or other code		
			This must be the Na implemented.	tional Provider Identifier (NPI) once the I	NPI i	S

Segment: N4 Rendering Provider City, State, ZIP

**Position:** 270

Loop: 2312 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
	N401	19	Rendering Provider City	O	AN 2/30
			Free-form text for city name		
	N402	156	Rendering Provider State	0	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernm	nent agency
	N403	116	Rendering Provider ZIP Code	O	ID 3/11
			Code defining international postal zone code excluding punc	tuatio	n and blanks
			(zip code for United States)		
X	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
X	N405	309	Location Qualifier	$\mathbf{X}$	ID 1/2
			Code identifying type of location		
X	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

Segment: REF Rendering Provider Medicaid ID

**Position:** 271

**Loop:** 2312 Optional

Level: Detail Usage: Optional

Max Use: 1

**Purpose:** To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Semantic Notes: Comments:

			Data Element Summary	
	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Number Qualifier	M ID 2/3
			Code qualifying the Reference Number.	
			1D Medicaid Provider Number	
	REF02	127	Rendering Provider Medicaid ID	X AN 1/30
			Reference number or identification number as defined	for a particular
			Transaction Set, or as specified by the Reference Num	ıber Qualifier.
	REF03	352	Description	X AN 1/80
			A free-form description to clarify the related data elem	ents and their content

 ${
m NM1}$  Purchased Service Provider Name **Segment:** 

**Position:** 250

2313 Loop: Optional

Level: Detail **Usage:** Optional Max Use:

**Purpose:** To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

**Comments:** 

	Ref.	Data		a Element Summary		
	Des.	<b>Element</b>	<u>Name</u>			<u>ributes</u>
M	NM101	98	<b>Entity Ident</b>		M	ID 2/2
				ying an organizational entity, a physical location	i, or a	n individual
			QB	Purchase Service Provider		
				Entity from which medical supplies may	y be b	ought
M	NM102	1065	<b>Entity Type</b>	Qualifier	M	<b>ID 1/1</b>
			Code qualify	ring the type of entity		
			2	Non-Person Entity		
	NM103	1035	Purchased S	Service Provider Name	O	AN 1/35
			Individual la	st name or organizational name		
X	NM104	1036	First Name		O	AN 1/25
			Individual fi	rst name		
X	NM105	1037	Middle Initi	al	O	AN 1/25
			Individual m	iddle name or initial		
X	NM106	1038	Name Prefix	x	O	AN 1/10
			Prefix to ind	ividual name		
X	NM107	1039	Name Suffi	x	O	AN 1/10
			Suffix to ind	lividual name		
X	NM108	66	Identification	on Code Qualifier	$\mathbf{X}$	ID 1/2
			Code design Code (67)	ating the system/method of code structure used	for Id	entification
			24	Employer's Identification Number		
			34	Social Security Number		
			ZZ	Mutually Defined		
X	NM109	67	Referring P	rovider ID	C	AN 2/20
			Code identif	ying a party or other code		
			This must be implemented	e the National Provider Identifier (NPI) once the I.	NPI i	S

Segment: N3 Purchased Service Provider Address

**Position:** 265

Loop: 2313 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose:

To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
M	N301	166	Purchased Service Provider Street Address-1	$\mathbf{M}$	AN 1/35
			Address information		
	N302	166	Purchased Service Provider Street Address -2	0	AN 1/35
			Address information		

Segment: N4 Purchased Service Provider City, State, ZIP

**Position:** 270

Loop: 2313 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
	N401	19	Purchased Service Provider City	O	AN 2/30
			Free-form text for city name		
	N402	156	Purchased Service Provider State	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
	N403	116	Purchased Service Provider ZIP Code	O	ID 3/11
			Code defining international postal zone code excluding punc	tuatio	n and blanks
			(zip code for United States)		
X	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
X	N405	309	Location Qualifier	$\mathbf{X}$	ID 1/2
			Code identifying type of location		
X	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

Segment: NM1 Supervising Provider Name

**Position:** 250

Loop: 2314 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 

	Ref.	Data Floment	Name	Cht Summary	A 44.	ributes
M	<u>Des.</u> NM101	Element 98	Entity Identifier C	ode	M	ID 2/2
112	11111111	70	·	organizational entity, a physical location		
			DQ	Supervising Physician	, 01 4	11 11101 ( 10001
M	NM102	1065	Entity Type Qualit		M	ID 1/1
			Code qualifying the			
			1	Person		
	NM103	1035	Supervising Provide		O	AN 1/35
	- 1-1		-	e or organizational name		
	NM104	1036	Supervising Provide	· ·	0	AN 1/25
	- 1-1		Individual first nam			
	NM105	1037	Supervising Provide	der Middle Initial	O	AN 1/25
	- 12:		Individual middle n			
X	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual	name		
X	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual	name		
	NM108	66	Identification Code		$\mathbf{X}$	ID 1/2
				ne system/method of code structure used f	or Ide	
			Code (67)			
			24	Employer's Identification Number		
			34	Social Security Number		
			ZZ	Mutually Defined		
				National Provider Identifier		
	NM109	67	Supervising Provide	ler ID	$\mathbf{C}$	AN 2/20
			Code identifying a	party or other code		
			This must be the Na implemented.	ational Provider Identifier (NPI) once the l	NPI i	S

Segment: N4 Supervising Provider City, State, ZIP

**Position:** 270

Loop: 2314 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
	N401	19	Supervising Provider City	O	AN 2/30
			Free-form text for city name		
	N402	156	Supervising Provider State	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernm	nent agency
	N403	116	Supervising Provider ZIP Code	O	ID 3/11
			Code defining international postal zone code excluding punc	tuatio	n and blanks
			(zip code for United States)		
X	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
X	N405	309	Location Qualifier	$\mathbf{X}$	ID 1/2
			Code identifying type of location		
X	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

Segment:  $\mathbf{REF}$  Supervising Provider Medicaid ID

**Position:** 271

Loop: 2314 Optional

Level: Detail Usage: Optional

Max Use: 1

**Purpose:** To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Semantic Notes: Comments:

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
M	REF01	128	Reference Number Qualifier	M	ID 2/3
			Code qualifying the Reference Number.		
			1D Medicaid Provider Number		
M	REF02	127	Reference Number	M	AN 1/30
			Reference number or identification number as defined for	a particu	ılar
			Transaction Set, or as specified by the Reference Number	Qualifie	r.
	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data element	s and the	ir content

NM1 Ambulance EMT or Paramedic Name **Segment:** 

**Position:** 250

2315 Loop: Optional

Level: Detail Usage: Optional Max Use:

**Purpose:** To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

**Comments:** 

			Data Eleme	ent Summary		
	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>	_		<u>ributes</u>
M	NM101	98	Entity Identifier Co		M	ID 2/2
				organizational entity, a physical location	, or a	n individual
			Use ZZ for Ambular	nce EMT or Paramedic Name Identifier.		
			ZZ	Mutually Defined		
M	NM102	1065	<b>Entity Type Qualifi</b>	ier	$\mathbf{M}$	<b>ID</b> 1/1
			Code qualifying the	type of entity		
			1	Person		
	NM103	1035	Ambulance EMT or	r Paramedic Last Name	O	AN 1/35
			Individual last name	or organizational name		
	NM104	1036	Ambulance EMT or	r Paramedic First Name	O	AN 1/25
			Individual first name			
	NM105	1037	Ambulance EMT or	r Paramedic Middle Initial	O	AN 1/25
			Individual middle na	me or initial		
X	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual i	name		
X	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual i	name		
X	NM108	66	<b>Identification Code</b>	Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the Code (67)	e system/method of code structure used f	or Ide	entification
			24	Employer's Identification Number		
			34	Social Security Number		
			ZZ	Mutually Defined		
X	NM109	67	Referring Provider	ID	C	AN 2/20
			Code identifying a p			
				tional Provider Identifier (NPI) once the	NPI i	S

NM1 Care Plan Oversight Provider **Segment:** 

**Position:** 250

2316 Loop: Optional

Level: Detail **Usage:** Optional Max Use:

**Purpose:** To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

**Comments:** 

	Ref.	Data	Data Diement Summary			
	<u>Des.</u>	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>	
M	NM101	98	Entity Identifier Code	M	ID 2/2	
			Code identifying an organizational entity, a physical locatio	n, or a	n individual	
			FA Facility			
M	NM102	1065	Entity Type Qualifier	M	<b>ID</b> 1/1	
			Code qualifying the type of entity			
			1 Person			
X	NM103	1035	Provider Last Name	O	AN 1/35	
			Individual last name or organizational name			
X	NM104	1036	Provider First Name	O	AN 1/25	
			Individual first name			
X	NM105	1037	Provider Middle Initial	O	AN 1/25	
			Individual middle name or initial			
X	NM106	1038	Name Prefix	O	AN 1/10	
			Prefix to individual name			
X	NM107	1039	Name Suffix	O	AN 1/10	
			Suffix to individual name			
	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2	
			Code designating the system/method of code structure used	for Ide	entification	
			Code (67)			
			National Provider Identifier			
			MP Medicare Provider Number			
			Number assigned to a health care prov claims covered by Medicare benefits	ider fo	r submitting	
			ZZ Mutually Defined	~		
	NM109	67	Care Plan Oversight Provider Number	C	AN 2/20	
			Code identifying a party or other code			
			This must be the National Provider Identifier (NPI) once the NPI implemented.			

LE Loop Trailer **Segment:** 

**Position:** 280

> 2300 Loop: Mandatory

Level: Detail **Usage:** Conditional

Max Use:

**Purpose:** 

**Syntax Notes: Semantic Notes:**  To indicate that the loop immediately preceding this segment is complete

One loop may be nested contained within another loop, provided the inner nested loop terminates before the other loop. When specified by the standards setting body as mandatory, this segment in combination with "LS", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop beginning segment. The loop ID number is given on the transaction set diagram

in the appropriate ASC X12 version/release.

**Comments: Notes:** 

See Figures Appendix for an explanation of the use of the LE and LS segments. This segment MUST be used once, and only once, if NM1 at position 250 is used, regardless of the number of repetitions of loop 2310-2316.

### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
$\mathbf{M}$	LE01	447	Loop Identifier Code	M AN 1/4

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE Use 2310.

Segment: LS Loop Header

Position: 285

Loop: 2300 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose:

To indicate that the next segment begins a loop

Syntax Notes: Semantic Notes:

One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

**Comments:** 

**Notes:** 

1 See Figures Appendix for an explanation of the use of the LS and LE segments. This segment must be used once, and only once, if SBR at position 290 is used, ragardless of the number of repetitions of loop 2320.

### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
$\mathbf{M}$	LS01	447	Loop Identifier Code	M AN 1/4

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE Use 2320.

Segment: SBR Additional Payer Information

**Position:** 290

Loop: 2320 Conditional

Level: Detail Usage: Conditional

Max Use:

**Purpose:** To record information specific to the primary insured and the insurance carrier for that

insured

Syntax Notes:

**Semantic Notes:** 1 SBR02 specifies the relationship to the person insured.

2 SBR03 is policy or group number.

3 SBR04 is plan name.

**4** SBR07 is destination payer code. A "Y" value indicates the payer is the destination payer; an "N" value indicates the payer is not the destination payer.

**Comments:** 

**Notes:** Required when the Medicaid patient has other insurance, including Medicare Part B.

If there is more than one additional insurance, repeat loop 2320.

			Data	<b>Element Summary</b>		
	Ref. Des.	Data <u>Element</u>	Name		Attr	ributes
$\mathbf{M}$	SBR01	1138		nsibility Sequence Code	M	ID 1/1
			-	ying the insurance carrier's level of responsibi	lity for	a payment
			of a claim			
			-	ing the payer's level of responsibility for paym	ent of	this claim.
			P	Primary		
			S	Secondary		
			T	Tertiary		
M	SBR02	1069		ionship to Insured		ID 2/2
				ng the relationship between two individuals or		
				ng the relationship of the Medicaid patient to	the ins	ured.
			01	Spouse		
			18	Self		
			19	Child		
				Dependent between the ages of 0 and a qualifications may vary depending on		
			21	Unknown		
$\mathbf{M}$	SBR03	127	Payer Group	or Policy Number	M	AN 1/30
				mber or identification number as defined for a	-	
				et, or as specified by the Reference Number ( number of the insured's group or policy as ass		
	SBR04	93	Payer Group		0	AN 1/35
			Free-form nar			
			Name of the in	nsured's group as known to the payer.		
M	SBR05	1336	Insurance Ty	rpe Code	$\mathbf{M}$	ID 1/3
			Code identifyi	ing the type of insurance policy within a speci	fic insu	ırance
			program			
			•	ing the type of insurance.		
			AP	Auto Insurance Policy		
			C1	Commercial		
			GP	Group Policy	_	
				Two or more people who are part of co	-	
				enter into an insurance contract with a company	11 IIISUT	ance
			HM	Health Maintenance Organization (HN	(OI	
MDCH83	7P (003051)			93		nuary 12 2001

			IP	Individual Policy		
			LD	Long Term Policy		
			LT	Litigation		
			MB	Medicare Part B		
			MI	Medigap Part B		
			SP	Health insurance policy intended to cove expenses which must be paid by a Medic for health care services and/or supplies a Supplemental Policy	care 1	oeneficiary
				An insurance policy intended to cover ne charges of another insurance policy	on-co	overed
X	SBR06	1143	Coordination of Be	enefits Code	O	ID 1/1
			Code identifying wh	nether there is a coordination of benefits		
X	SBR07	1073	Yes/No Condition	or Response Code	O	ID 1/1
			Code indicating a Y	es or No condition or response		
	SBR08	584	Insured Employme		O	ID 2/2
			Code showing the g	general employment status of an employee	/clai1	nant
			Code to indicate em	ployment status of the insured individual		
			AO	Active Military - Overseas		
			AU	Active Military - USA		
			FT	Full-time		
			NE	Not Employed		
			PT	Part-time		
			RT	Retired		
			SE	Self-Employed		
			UK	Unknown		
X	SBR09	1032	Claim Filing Indica		0	ID 1/2
			Code identifying ty	pe of claim		

Segment: AMT Payer Allowed Amount

**Position:** 300

Loop: 2320 Conditional

Level: Detail Usage: Conditional

Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes:

**Comments:** 

**Notes:** Mandatory when reporting other payer information.

	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		<u>Attı</u>	<u>ributes</u>
M	AMT01	522	Code to Qua	alify Amount	M	ID 1/2
			Code to quali	ify amount		
			B6	Allowed - Actual		
				Amount considered for payment under the contract	r the pi	ovisions of
M	AMT02	702	Down Allow		M	D 1/15
IVI	AMI I UZ	782	Payer Allow		M	R 1/15
			Monetary am	nount		
X	AMT03	478	Credit/Debit	t Flag Code	O	<b>ID</b> 1/1
			Code indicati	ing whether amount is a credit or debit		

Segment: AMT Payer Amount Paid

**Position:** 300

Loop: 2320 Conditional

Level: Detail Usage: Conditional

Max Use: 1

**Purpose:** To indicate the total monetary amount

Syntax Notes: Semantic Notes:

**Comments:** 

**Notes:** Mandatory when reporting other payer information.

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
M	AMT01	522	Code to Qualify Amount	M	ID 1/2
			Code to qualify amount		
			D Payor Amount Paid		
M	AMT02	782	Payer Amount Paid	M	R 1/15
			Monetary amount		
X	AMT03	478	Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment: AMT Payer Disallowed Cost Containment

**Position:** 300

Loop: 2320 Conditional

Level: Detail Usage: Conditional

Max Use: 1

**Purpose:** To supply the primary payer's amount disallowed due to not meeting cost containment

provisions.

Syntax Notes: Semantic Notes: Comments:

**Notes:** Mandatory when reporting other payer information.

	Ref.	Data			
	Des.	Element	<u>Name</u>		<u>ibutes</u>
M	AMT01	522	Code to Qualify Amount	M	ID 1/2
			Code to qualify amount		
			Amount disallowed by the payer due to the failure of either insured to meet the cost containment provisions of the insurmanaged care contract, or preferred provider organization copayment has been requested for this claim.  C9 Disallowed Cost Containment - Actual	ance contract	ontract,
			Amount disallowed by the payer due to either the provider or insured to meet the containment provisions of the insurance managed care contract or preferred procontract under which payment has been claim	he cost e cont vider (	ract, organization
$\mathbf{M}$	AMT02	782	Payer Disallowed Cost Containment Amount	$\mathbf{M}$	R 1/15
			Monetary amount		
X	AMT03	478	Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment: AMT Payer Disallowed Other

**Position:** 300

Loop: 2320 Conditional

Level: Detail Usage: Conditional

Max Use: 1

**Purpose:** To supply the primary payer's disallowed amount.

Syntax Notes: Semantic Notes:

**Comments:** 

**Notes:** Mandatory when reporting other payer information.

	Ref.	Data				
	Des.	<b>Element</b>	<u>Name</u>		<u>Attı</u>	<u>ibutes</u>
M	AMT01	522	Code to Qu	alify Amount	$\mathbf{M}$	ID 1/2
			Code to qua	lify amount		
			Calculated v	value rejected to the individual.		
			A6	Disallowed - Actual		
				Calculated value rejected to the individ	lual	
M	AMT02	782	Payer Disal	llowed Amount	$\mathbf{M}$	R 1/15
			Monetary ar	nount		
X	AMT03	478	Credit/Debi	it Flag Code	O	ID 1/1
			Code indica	ting whether amount is a credit or debit		

Segment: AMT Deductible Amount

**Position:** 300

Loop: 2320 Conditional

Level: Detail Usage: Conditional

Max Use: 1

**Purpose:** To supply the deductible amount.

Syntax Notes: Semantic Notes:

**Comments:** 

**Notes:** Mandatory when reporting other payer information, including Medicare Part B.

	Ref.	Data		·		
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
M	AMT01	522	Code to Qualify Ar	nount	M	ID 1/2
			Code to qualify amo	punt		
			D2	Deductible Amount		
				The amount of covered expenses that m the insured before benefits become paya		-
M	AMT02	782	<b>Deductible Amoun</b>	t	$\mathbf{M}$	R 1/15
			Monetary amount			
X	AMT03	478	Credit/Debit Flag	Code	O	<b>ID</b> 1/1
			Code indicating who	ether amount is a credit or debit		

Segment: AMT Coinsurance Amount

**Position:** 300

Loop: 2320 Conditional

Level: Detail Usage: Conditional

Max Use: 1

**Purpose:** To supply the coinsurance.

Syntax Notes: Semantic Notes:

**Comments:** 

**Notes:** Mandatory when reporting other payer information, including Medicare Part B.

	Ref.	Data		·		
	Des.	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
M	AMT01	522	Code to Qualify A	mount	M	ID 1/2
			Code to qualify amo	ount		
			B9	Co-insurance - Actual		
				Calculated value still to be paid by the i the co-insurance provisions of the benef		
M	AMT02	782	Coinsurance Amo	unt	M	R 1/15
			Monetary amount			
X	AMT03	478	Credit/Debit Flag	Code	O	<b>ID</b> 1/1
			Code indicating wh	ether amount is a credit or debit		

 $\boldsymbol{DMG}$  Other Insured Date of Birth and Sex **Segment:** 

**Position:** 305

2320 Loop: Conditional

Level: Detail Usage: Conditional

Max Use:

**Purpose:** To supply demographic information

Syntax Notes: Semantic Notes: If either DMG01 or DMG02 is present, then the other is required.

DMG02 is the date of birth.

DMG07 is the country of citizenship. 2

DMG09 is the age in years. 3

**Comments:** 

**Notes:** Required when the Medicaid patient is not the insured.

	Ref.	Data Element	<u>Name</u>		ributes
M	DMG01	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date and time		nat
			Date Expressed in Format CCYYMM	DD	
M	DMG02	1251	Other Insured date of birth	$\mathbf{M}$	AN 1/35
			Expression of a date, a time, or range of dates, times or date	s and	times
M	DMG03	1068	Other Insured Sex	$\mathbf{M}$	<b>ID</b> 1/1
			Code indicating the sex of the individual		
			F Female		
			M Male		
X	DMG04	1067	Marital Status Code	O	<b>ID</b> 1/1
			Code defining the marital status of a person		
X	DMG05	1109	Race or Ethnicity Code	O	<b>ID</b> 1/1
			Code indicating the racial or ethnic background of a person reported; Under certain circumstances this information is constates Government statistical purposes		
X	DMG06	1066	Citizenship Status Code	O	ID 1/2
			Code indicating citizenship status		
X	<b>DMG07</b>	26	Country Code	O	ID 2/3
			Code identifying the country		
X	DMG08	659	Basis of Verification Code	O	ID 1/2
			Code indicating the basis of verification		
X	DMG09	380	Quantity	O	R 1/15
			Numeric value of quantity		

Segment: OI Payer Type of Insurance

**Position:** 310

Loop: 2320 Conditional

Level: Detail Usage: Conditional

Max Use:

**Purpose:** To specify information associated with other health insurance coverage

Syntax Notes:

**Semantic Notes:** 1 OI03 is the assignment of benefits indicator. A "Y" value indicates insured or authorized person authorizes benefits to be assigned to the provider; an "N" value

indicates benefits have not been assigned to the provider.

**Comments:** 

**Notes:** Required when the Medicaid patient is not the insured.

	Ref.	Data		•		
M	Des.	Element	Name			ributes
M	OI01	1032	Payer Type of Ins		M	ID 1/2
			Code identifying ty		·0\ 14	
			16	Health Maintenance Organization (HM	O) M	edicare Risk
			AM	Automobile Medical		
			BL	Blue Cross/Blue Shield		
			СН	Champus		
			CI	Commercial Insurance Co.		
			DS	Disability		
			HM	Health Maintenance Organization		
			LI	Liability		
			LM	Liability Medical		
			MB	Medicare Part B		
			OF	Other Federal Program		
			VA	Veteran Administration Plan		
			WC	Workers' Compensation Health Claim		
X	<b>OI02</b>	1383	Claim Submission	Reason Code	O	ID 2/2
			Code identifying re	eason for claim submission		
M	OI03	1073	Assignment of Be	nefits Indicator	$\mathbf{M}$	ID 1/1
			Code indicating a	Yes or No condition or response		
			N	No		
			Y	Yes		
	<b>OI04</b>	1351	Patient Signature	Source	O	ID 1/1
			•	w the patient or subscriber authorization s	signat	ures were
	0.70.	10.00		they are being retained by the provider		TD 44
X	OI05	1360	Provider Agreem		0	ID 1/1
				e type of agreement under which the prov	ider is	s submitting
X	OI06	1363	this claim Release of Inform	ation Code	0	ID 1/1
<b>4</b>	0100	1303		nether the provider has on file a signed sta	_	
			_	the release of medical data to other organ		
			Patient aumorizing	the resease of medical data to other organ	.ızaıı	/110

Segment: NM1 Additional Payer Name

**Position:** 325

Loop: 2330 Conditional

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

Semantic Notes: 1 NM102 qualifies NM103.

**Comments:** 

**Notes:** Required when the Medicaid patient has other insurance, including Medicare Part B.

	Ref. <u>Des</u> .	Data <u>Element</u>	Name	·	Attı	ributes
M	<u>DCS.</u> NM101	98		ntifier Code	M	ID 2/2
			•	fying an organizational entity, a physical locatio	n, or a	n individual
			PR	Payer		
M	NM102	1065	<b>Entity Typ</b>	e Qualifier	$\mathbf{M}$	ID 1/1
				fying the type of entity		
			2	Non-Person Entity		
M	NM103	1035	Additional	Payer Name	M	AN 1/35
			Individual 1	ast name or organizational name		
X	NM104	1036	Name First	t	O	AN 1/25
			Individual f	first name		
X	NM105	1037	Name Mide	dle	O	AN 1/25
			Individual r	middle name or initial		
X	NM106	1038	Name Pref	ïx	0	AN 1/10
			Prefix to inc	dividual name		
X	NM107	1039	Name Suff	ïx	0	AN 1/10
			Suffix to in	dividual name		
	NM108	66	Identificati	ion Code Qualifier	$\mathbf{X}$	ID 1/2
			Code design	nating the system/method of code structure used	for Ide	entification
			Code (67)			
			PI	Payor Identification		
			ZZ	Mutually Defined		
				National Provider Identifier		
	NM109	67	Additional	Payer Identification Number	X	AN 2/20
			Code identi	fying a party or other code		
			The Nationa	al Payer Identifier (NPI) must be entered once it	is imp	lemented.

N3 Additional Payer Address **Segment:** 

**Position:** 332

Loop: 2330 Conditional

Level: Detail **Usage:** Optional Max Use:

To specify the location of the named party **Purpose:** 

Syntax Notes: Semantic Notes: **Comments:** 

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
M	N301	166	Additional Payer Address Line 1	M	AN 1/35
			Address information		
	N302	166	Additional Payer Address Line 2	O	AN 1/35
			Address information		

Segment: N4 Additional Payer City, State, ZIP

**Position:** 340

Loop: 2330 Conditional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	Attı	<u>ributes</u>
M	N401	19	Additional Payer City	M	AN 2/30
			Free-form text for city name		
M	N402	156	Additional Payer State	$\mathbf{M}$	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
M	N403	116	Additional Payer ZIP	M	ID 3/11
			Code defining international postal zone code excluding punc	ctuatio	n and blanks
			(zip code for United States)		
X	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
$\mathbf{X}$	N405	309	Location Qualifier	$\mathbf{X}$	ID 1/2
			Code identifying type of location		
$\mathbf{X}$	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

Segment: NM1 Other Insured Name

**Position:** 325

Loop: 2331 Conditional

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

**Comments:** 

**Notes:** Required when the Medicaid patient is not the insured.

	Ref.	Data				
	<u>Des.</u>	<b>Element</b>	<u>Name</u>		Attr	<u>ibutes</u>
M	NM101	98	<b>Entity Identifier Co</b>	de	M	ID 2/2
			Code identifying an	organizational entity, a physical location	, or a	n individual
			IL	Insured or Subscriber		
M	NM102	1065	<b>Entity Type Qualifi</b>	er	$\mathbf{M}$	<b>ID</b> 1/1
			Code qualifying the	type of entity		
			1	Person		
M	NM103	1035	Other Insured Last	Name	$\mathbf{M}$	AN 1/35
			Individual last name	or organizational name		
M	NM104	1036	Other Insured First	Name	$\mathbf{M}$	AN 1/25
			Individual first name	:		
	NM105	1037	Other Insured Midd	lle Name	O	AN 1/25
			Individual middle na	me or initial		
X	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual r	name		
X	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual r	name		
M	NM108	66	<b>Identification Code</b>	Qualifier	M	ID 1/2
				system/method of code structure used f	or Ide	entification
			Code (67)			
			24	Employer's Identification Number		
			34	Social Security Number		
			MI	Member Identification Number		
M	NM109	67	Other Insured Iden	tification Number	$\mathbf{M}$	AN 2/20
			Code identifying a pa	arty or other code		

Segment: N3 Other Insured Address

**Position:** 332

Loop: 2331 Conditional

Level: Detail Usage: Conditional

Max Use: 2

**Purpose:** To specify the location of the named party

Syntax Notes: Semantic Notes:

**Comments:** 

**Notes:** Required when the Medicaid patient is not the insured.

	Ref. <u>Des.</u>	Data <u>Element</u>	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
M	N301	166	Other Insured Address Line 1	M	AN 1/35
			Address information		
	N302	166	Other Insured Address Line 2	0	AN 1/35
			Address information		

Segment: N4 Other Insured City, State, ZIP

**Position:** 340

Loop: 2331 Conditional

Level: Detail Usage: Conditional

Max Use:

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

**Semantic Notes:** 

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

N402 is required only if city name (N401) is in the USA or Canada.

**Notes:** Required when the Medicaid patient is not the insured.

	Ref.	Data			
	Des.	<b>Element</b>	<u>Name</u>	<u>Attı</u>	<u>ributes</u>
M	N401	19	Other Insured City	$\mathbf{M}$	AN 2/30
			Free-form text for city name		
M	N402	156	Other Insured State	$\mathbf{M}$	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
M	N403	116	Other Insured ZIP	$\mathbf{M}$	ID 3/11
			Code defining international postal zone code excluding punc	tuatio	on and blanks
			(zip code for United States)		
X	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
X	N405	309	Location Qualifier	$\mathbf{X}$	ID 1/2
			Code identifying type of location		
X	N406	310	Location Identifier	0	AN 1/30
			Code which identifies a specific location		

Segment: **PER** Other Insured Phone

**Position:** 345

Loop: 2331 Conditional

Level: Detail
Usage: Optional
Max Use: 2

Purpose: To identify a person or office to whom administrative communications should be directed

**Syntax Notes:** 1 If either PER03 or PER04 is present, then the other is required.

2 If either PER05 or PER06 is present, then the other is required.

3 If either PER07 or PER08 is present, then the other is required.

**Semantic Notes:** Comments:

	Ref.	Data	Name	A 44-	-: 14
M	<u>Des.</u> PER01	Element 366	Name Contact Function Code	Atti M	<u>ributes</u> ID 2/2
IVI	I E KUI	300			
			Code identifying the major duty or responsibility of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of the personal control of t	on or	group named
			IP Insured Party		
X	PER02	93	Name	O	AN 1/35
			Free-form name		
	PER03	365	Communication Number Qualifier	$\mathbf{X}$	ID 2/2
			Code identifying the type of communication number		
			TE Telephone		
	PER04	364	Other Insured Phone	X	AN 1/80
			Complete communications number including country or area applicable	code	when
X	PER05	365	Communication Number Qualifier	$\mathbf{X}$	ID 2/2
			Code identifying the type of communication number		
X	PER06	364	Communication Number	X	AN 1/80
			Complete communications number including country or area applicable	code	when
X	PER07	365	Communication Number Qualifier	$\mathbf{X}$	ID 2/2
			Code identifying the type of communication number		
X	PER08	364	Communication Number	$\mathbf{X}$	AN 1/80
			Complete communications number including country or area applicable	code	when
	PER09	443	Contact Inquiry Reference	O	AN 1/20
			Additional reference number or description to clarify a conta	ct nui	mber

DTP Insured Retirement Date **Segment:** 

**Position:** 350

2331 Loop: Conditional

Level: Detail **Usage:** Optional Max Use:

**Purpose:** 

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:** 

	Ref.	Data	Data Element Summary		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
M	DTP01	374	<b>Date/Time Qualifier</b>	M	ID 3/3
			Code specifying type of date or time, or be	oth date and time	
			286 Retirement		
			Date on which the su	bscriber became retired	
M	DTP02	1250	<b>Date Time Period Format Qualifier</b>	M	ID 2/3
			Code indicating the date format, time form	nat, or date and time form	nat
			D8 Date Expressed in Fo	ormat CCYYMMDD	
M	DTP03	1251	<b>Insured Retirement Date</b>	M	AN 1/35
			Expression of a date, a time, or range of d	ates, times or dates and t	imes

NM1 Employer Name **Segment:** 

**Position:** 325

2332 Loop: Conditional

Level: Detail **Usage:** Conditional

Max Use:

**Purpose:** To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

**Comments:** 

**Notes:** Required when the insured's primary payer policy is an employee group plan.

	Ref.	Data		<b>.</b>	•1 4
	Des.	<u>Element</u>	Name		<u>ibutes</u>
M	NM101	98	Entity Identifier Code	M	ID 2/2
			Code identifying an organizational entity, a physical location	, or a	n individual
			36 Employer		
$\mathbf{M}$	NM102	1065	Entity Type Qualifier	$\mathbf{M}$	ID 1/1
			Code qualifying the type of entity		
			2 Non-Person Entity		
	NM103	1035	<b>Employer Name</b>	O	AN 1/35
			Individual last name or organizational name		
			Name of the insured's employer.		
X	NM104	1036	Name First	O	AN 1/25
			Individual first name		
X	NM105	1037	Name Middle	O	AN 1/25
			Individual middle name or initial		
X	NM106	1038	Name Prefix	O	AN 1/10
			Prefix to individual name		
X	NM107	1039	Name Suffix	O	AN 1/10
			Suffix to individual name		
X	NM108	66	Identification Code Qualifier	$\mathbf{X}$	ID 1/2
			Code designating the system/method of code structure used for Code (67)	or Ide	entification
X	NM109	67	Identification Number	$\mathbf{X}$	AN 2/20
			Code identifying a party or other code		

Segment: LE Loop Trailer

Position: 360

**Loop:** 2300 Mandatory

Level: Detail Usage: Conditional

Max Use:

Purpose:

To indicate that the loop immediately preceding this segment is complete

Syntax Notes: Semantic Notes:

One loop may be nested contained within another loop, provided the inner nested loop terminates before the other loop. When specified by the standards setting body as mandatory, this segment in combination with "LS", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop beginning segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

**Comments:** 

**Notes:** 

1 See Figures Appendix for an explanation of the use of the LE and LS segments. This segment MUST be used once, and only once, if SBR at position 290 is used, regardless of the number of repetitions of loop 2400.

#### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
$\mathbf{M}$	LE01	447	Loop Identifier Code	M AN 1/4

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE Use 2320.

Segment: LX Assigned Number

**Position:** 365

**Loop:** 2400 Mandatory

Level: Detail Usage: Mandatory

Max Use: 1

**Purpose:** To reference a line number in a transaction set

Syntax Notes: Semantic Notes: Comments:

### **Data Element Summary**

	Ref.	Data		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attributes</u>
M	LX01	554	Assigned Number	M N0 1/6

Number assigned for differentiation within a transaction set Service line number, beginning with 1, incremented by 1 for each service line. The maximum number of service lines per claim iscurrently 44. Segment: **SV1** Professional Service

**Position:** 370

**Loop:** 2400 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To specify the claim service detail for a Health Care professional

Syntax Notes: 1 If either SV103 or SV104 is present, then the other is required.

**Semantic Notes:** 1 SV102 is the submitted charge amount.

- 2 SV105 is the place of service.
- 3 SV108 is the independent lab charges.
- **4** SV109 is the emergency-related indicator; a "Y" value indicates service provided was emergency related; an "N" value indicates service provided was not emergency related.
- 5 SV111 is early and periodic screen for diagnosis and treatment of children (EPSDT) involvement; a "Y" value indicates EPSDT involvement; an "N" value indicates no EPSDT involvement.
- **6** SV112 is family planning involvement; a "Y" value indicates family planning services involvement; a "N" value indicates no family planning services involvement.
- 7 SV117 is the health care manpower shortage area (HMSA) facility identification.
- 8 SV118 is the health care manpower shortage area (HMSA) zip code.
- **9** SV119 is a noncovered charge amount.

**Comments:** 1 If SV113 is equal to "L" or "N", then SV114 is required.

**Notes:** Required for every service (non-anesthesia).

			<b>Data Element Summary</b>			
M	Ref. <u>Des.</u> SV101	Data Element C003	Name Composite Medical Procedure	Attr M	<u>ributes</u>	
	G00201		To identify a medical procedure by its standardized codes and modifiers			
M	C00301	235	Procedure Coding System	M	ID 2/2	
			Code identifying the type/source of the descriptive number us Product/Service ID (234) HC Health Care Financing Administration C			
			Procedural Coding System (HCPCS) Co HCFA coding scheme to group procedu on an outpatient basis for payment to ho Medicare; primarily used for ambulatory other diagnostic departments	odes re(s) ospital	performed l under	
M	C00302	234	HCPCs Procedure Code	M	AN 1/40	
			Identifying number for a product or service			
			The HCPCS/CPT-4 code that describes the service.			
	C00303	1339	HCPCS Modifier 1	O	AN 2/2	
			This identifies special circumstances related to the performance of the service as defined by trading partners  A code to identify special circumstances related to the performance of the			
	C00304	1339	service. Enter the first Procedure modifier, if applicable. <b>HCPCS Modifier 2</b>	0	AN 2/2	
	C00304	1337	This identifies special circumstances related to the performan	_		
			as defined by trading partners  A code to identify special circumstances related to the performance service. Enter the second Procedure modifier, if applicable.			
	C00305	1339	HCPCS Modifier 3	O	AN 2/2	
			This identifies special circumstances related to the performan as defined by trading partners  A code to identify special circumstances related to the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of the performance of			

service. Enter the third Procedure modifier, if applicable. AN 2/2 C00306 1339 **HCPCS Modifier 4**  $\mathbf{O}$ This identifies special circumstances related to the performance of the service, as defined by trading partners A code to identify special circumstances related to the performance of the service. Enter the fourth Procedure modifier, if applicable. X C00307 352 O AN 1/80 **Description** A free-form description to clarify the related data elements and their content 782 M SV102 Line Charges M R 1/15 Monetary amount The charges related to this service. Submitted charge amount in dollars. Optionally may include cents. The decimal point is ONLY required when sending cents. Leading and trailing zeroes should not be used. Use "25" instead of "25.00" or "25.1" instead of "25.10" M SV103 355 **Unit or Basis for Measurement Code** M ID 2/2 Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken UN Unit M SV104 380 **Units of Service** M R 1/15 Numeric value of quantity The number of services rendered in days or units. SV105 1331 Place of Service AN 1/2 Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format The code that identifies where this service was performed. Two digit HCFA place of service as follows: 11 Office 12 Home 21 Inpatient Hospital 22 **Outpatient Hospital** 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 35 Adult Living Care Facility 41 Ambulance - Land 42. Ambulance - Air or Water 50 Federally Qualified Health Care Center 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility / Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center Comprehensive Inpatient Rehabilitation Facility 61 62 Comprehensive Outpatient Rehabilitation Facility 65 End Staage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic

			81 Independent Laboratory		
			99 Other Unlisted Facility		
X	SV106	1365	Service Type Code	O	ID 1/2
			Code identifying the classification of service		
	SV107	C004	Composite Diagnosis Code Pointer	O	
			To identify one or more diagnosis code pointers		
M	C00401	1328	Diagnosis Code Pointer 1	M	N0 1/2
			A pointer to the claim diagnosis code in the order of impor	tance to	o this service
	C00402	1328	Diagnosis Code Pointer 2	O	N0 1/2
			A pointer to the claim diagnosis code in the order of impor	tance to	o this service
	C00403	1328	Diagnosis Code Pointer 3	O	N0 1/2
			A pointer to the claim diagnosis code in the order of impor	tance to	o this service
	C00404	1328	Diagnosis Code Pointer 4	O	N0 1/2
			A pointer to the claim diagnosis code in the order of impor	tance to	o this service
X	SV108	782	Monetary Amount	O	R 1/15
			Monetary amount		
M	SV109	1073	Emergency Related Indicator	$\mathbf{M}$	ID 1/1
			Code indicating a Yes or No condition or response		
			N No		
			Y Yes		
X	SV110	1340	Multiple Procedure Code	O	ID 1/2
			Code indicating proper adjudication and payment determination		
	CV/111	1072	involving multiple surgical procedures during the same sur		
	SV111	1073	Hospice Employed Provider	O	ID 1/1
			Code indicating a Yes or No condition or response		
			N No		
v	CV/112	1073	Y Yes	O	ID 1/1
X	SV112	10/3	Yes/No Condition or Response Code Code indicating a Yes or No condition or response	U	ID 1/1
	SV113	1364	Review by Code Indicator	0	ID 1/2
	5 113	1304	Code identifying extenuating circumstances or justification	_	
			any review of the medical necessity for this service	.s wille	ii iiigiit assist
			Indicator describing extenuating circumstances or justificat	ions w	hich might
			assist in any review of the medical necessity for this service		
			D Provider/Supplier determined the serv		
			but the patient is requesting a formal r E Beneficiary was notified that the item		
			considered medically necessary and h		
			to pay for the item; A signed waiver is	_	_
			provider		. •
			F Beneficiary was notified that the item considered medically necessary and h	_	
			for the item; No signed waiver is on f.		
X	SV114	1341	National or Local Assigned Review Value	0	AN 1/2
			Value assigned by national or local organizations for various	us heal	thcare data
			elements		
X	SV115	1327	Copay Status Code	O	ID 1/1
			Code indicating whether or not co-payment requirements w	ere me	t on a line by
	SV116	1334	line basis HSPA Indicator	O	ID 1/1
	3 1 1 1 0	1334	Code identifying the Health Care Professional Shortage Ar	_	
			A code that identifies a Healthcare Professional Shortage A		
	SV117	127	HSPA Facility Identification	меа (п <b>О</b>	AN 1/30
	3111/	14/	Reference number or identification number as defined for a		
			reference number of luctumeation fluitibet as defined for a	ı partic	uiai

	SV118	116	Transaction Set, or as specified by the Reference Number Qualifier.  Healthcare Professional Shortage Area (HPSA) facility identification. Tidentifier assigned by the Payer to the HPSA facility.  HSPA Facility ZIP Code  O ID 3					
			Code defining international postal zone code excluding punc (zip code for United States) The ZIP Code of the HPSA facility location.	ctuatio	on and blanks			
X	SV119	782	Monetary Amount	0	R 1/15			
			Monetary amount					
X	SV120	1337	Level of Care Code	O	<b>ID</b> 1/1			
			Code specifying the level of care provided by a nursing hom	ne faci	lity			
X	SV121	1360	Provider Agreement Code	O	ID 1/1			
			Code indicating the type of agreement under which the proventhis claim	ider is	s submitting			

Segment: SV6 Anesthesia Service

**Position:** 405

**Loop:** 2400 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

**Purpose:** To specify the claim service detail for anesthesia

**Syntax Notes:** 1 If either SV602 or SV603 is present, then the other is required.

**Semantic Notes:** 1 SV604 is the submitted charge.

2 SV606 is the number of anesthesia minutes.

3 SV607 is the CRNA supervision indicator. A ``Y" value indicates that services were performed personally by a Certified Registered Nurse Anesthetist (CRNA) who was medically directed by a physician other than the operating surgeon, assistant surgeon, or attending physician. An ``N" value indicates that the services were performed personally by a Certified Registered Nurse Anesthetist (CRNA) who was medically directed by the operating surgeon, assistant surgeon, or attending physician.

**Comments:** 

**Notes:** Required for Anesthesia Services.

			Data Element Summary		
	Ref.	Data	,		
	Des.	<b>Element</b>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
M	SV601	C003	Composite Medical Procedure Identifier	$\mathbf{M}$	
			To identify a medical procedure by its standardized codes an	d app	licable
			modifiers		
M	C00301	235	Procedure Coding System	$\mathbf{M}$	ID 2/2
			Code identifying the type/source of the descriptive number u	sed in	l
			Product/Service ID (234)	_	
			HC Health Care Financing Administration		non
			Procedural Coding System (HCPCS) Co HCFA coding scheme to group procedu		narformad
			on an outpatient basis for payment to he		
			Medicare; primarily used for ambulator		
			other diagnostic departments		
M	C00302	234	HCPCS Procedure Code	M	AN 1/40
			Identifying number for a product or service		
			The HCPCS/CPT-4 code that describes the service.		
M	C00303	1339	HCPCS Modifier 1	M	AN 2/2
			This identifies special circumstances related to the performan	ce of	the service,
			as defined by trading partners		
			A code to identify special circumstances related to the perform	manc	e of the
	C00304	1339	service. Enter the first Procedure modifer, if applicable. <b>HCPCS Modifier 2</b>	O	AN 2/2
	C00304	1337	This identifies special circumstances related to the performan	-	
			as defined by trading partners	.00	the service,
			A code to identify special circumstances related to the perfor	manc	e of the
			service. Enter the second Procedure modifer, if applicable.		
	C00305	1339	HCPCS Modifier 3	O	AN 2/2
			This identifies special circumstances related to the performan	ce of	the service,
			as defined by trading partners		C .1
			A code to identify special circumstances related to the performance. Enter the third Procedure modifer, if applicable.	mance	e of the
	C00306	1339	HCPCS Modifier 4	0	AN 2/2
	200200	1007	This identifies special circumstances related to the performan	•	:
			as defined by trading partners	.00 01	the service,
			A code to identify special circumstances related to the perfor	manc	e of the
			service. Enter the fourth Procedure modifer, if applicable.		
X	C00307	352	Description	O	AN 1/80

CTICOA	1222		cription to clarify the related data elements a		
SV602	1332	Facility Code (		X	ID 1/2
		,	g the type of facility referenced		
		В	Place of service code from the FAO rec Electronic Media Claims National Stan		
SV603	1331	Facility Code V		uaru r X	AN 1/2
		•	g the type of facility where services were per	rforme	
		code from the E	tions of the Uniform Bill Type code or the P lectronic Media Claims National Standard F lentifies where this service was performed. T as follows: Office Home Inpatient Hospital	ormat	
		22	Outpatient Hospital		
			•		
		23 24	Emergency Room - Hospital		
			Ambulatory Surgical Center		
		25 26	Birthing Center Military Treatment Facility		
		31	Skilled Nursing Facility		
		32	Nursing Facility		
		33	Custodial Care Facility		
		34	Hospice		
		35	Adult Living Care Facility		
		41	Ambulance - Land		
		42	Ambulance - Air or Water		
		50	Federally Qualified Health Care Center		
		51	Inpatient Psychiatric Facility		
		52	Psychiatric Facility Partial Hospitalizat	ion	
		53	Community Mental Health Center	1011	
		54	Intermediate Care Facility / Mentally F	?etarde	rd
		55	Residential Substance Abuse Treatmen		
		56	Psychiatric Residential Treatment Cent		,
		61	Comprehensive Inpatient Rehabilitation		lity
		62	Comprehensive Outpatient Rehabilitati		•
		65	End Staage Renal Disease Treatment F		•
		71	State or Local Public Health Clinic	,	
		72	Rural Health Clinic		
		81	Independent Laboratory		
		99	Other Unlisted Facility		
SV604	782	Service Line C	harges	$\mathbf{M}$	R 1/15
		Monetary amou	nt		
		decimal point is	ge amount in dollars. Optionally may include ONLY required when sending cents. Leading to be used. Use "25" instead of "25.00" or "2	ng and	trailing
SV605	C004	_	gnosis Code Pointer	O	
		•	or more diagnosis code pointers		
C00401	1328	Diagnosis Code		M	N0 1/2
		•	claim diagnosis code in the order of importa	ance to	
C00402	1328	Diagnosis Code		O	N0 1/2
		•	claim diagnosis code in the order of importa		
C00403	1328	Diagnosis Code	e Pointer 3	O	N0 1/2
37P (003051)			119	Ja	nuary 12, 2001

 $\mathbf{M}$ 

 $\mathbf{M}$ 

			A pointer to the claim diagnosis code in the order of importance to this service				
	C00404	1328	Diagnosis Code Pointer 4	O	N0 1/2		
			A pointer to the claim diagnosis code in the order of importa-	nce to	this service		
M	SV606	380	Anesthesia Minutes	$\mathbf{M}$	R 1/15		
			Numeric value of quantity				
			The actual number of minutes patient was anesthetized.				
$\mathbf{X}$	SV607	1073	Yes/No Condition or Response Code	O	<b>ID</b> 1/1		
			Code indicating a Yes or No condition or response				

Segment: Health Care Information Codes

**Position:** 415

**Loop:** 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 25

**Purpose:** To supply information related to the delivery of health care

**Syntax Notes:** 1 If either C02203 or C02204 is present, then the other is required.

- 2 If either C02203 or C02204 is present, then the other is required.
- 3 If either C02203 or C02204 is present, then the other is required.
- 4 If either C02203 or C02204 is present, then the other is required.
- 5 If either C02203 or C02204 is present, then the other is required.
- 6 If either C02203 or C02204 is present, then the other is required.
- 7 If either C02203 or C02204 is present, then the other is required.
- 8 If either C02203 or C02204 is present, then the other is required.
- 9 If either C02203 or C02204 is present, then the other is required.
- ${\bf 10}$   $\,$  If either C02203 or C02204 is present, then the other is required.
- 11 If either C02203 or C02204 is present, then the other is required.
- 12 If either C02203 or C02204 is present, then the other is required.

**Semantic Notes:** Comments:

	Ref.	Data			
M	<u>Des.</u> HI01	Element C022	Name Health Care Code Information	Attı M	<u>ributes</u>
171	11101	C022	To send health care codes and their associated dates, amounts		quantities
M	C02201	1270	Health Care Codes	M	ID 1/3
IVI	C02201	1270	Code identifying a specific industry code list	IVI	10 1/3
			BL Routine Foot Care Class Findings		
M	C02202	1271	Class Findings 1	M	AN 1/30
IVI	C02202	14/1		IVI	AN 1/30
			Code indicating a code from a specific industry code list		
<b>X</b> 7	C02202	1250	Code for class findings for routine foot care. Use NSF codes.		TD 2/2
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
	G0.00.4	4.5.	Code indicating the date format, time format, or date and time		
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates		
X	C02205	782	Monetary Amount	O	R 1/15
			Monetary amount		
X	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
	HI02	C022	Health Care Codes	O	
			To send health care codes and their associated dates, amounts	and	quantities
M	C02201	1270	Code List Qualifier Code	$\mathbf{M}$	ID 1/3
			Code identifying a specific industry code list		
			BL Routine Foot Care Class Findings		
M	C02202	1271	Class Findings 2	$\mathbf{M}$	AN 1/30
			Code indicating a code from a specific industry code list		
			Code for class findings for routine foot care.		
X	C02203	1250	Date Time Period Format Qualifier	$\mathbf{X}$	ID 2/3
			Code indicating the date format, time format, or date and time	e forr	nat
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	and 1	times

X	C02205	782	Monetary Amount	O	R 1/15
	~~~~	•••	Monetary amount	_	
X	C02206	380	Quantity	O	R 1/15
	11102	C022	Numeric value of quantity	0	
	HI03	C022	Health Care Code Information	0	,•,•
3.4	C02201	1270	To send health care codes and their associated dates, amount		•
M	C02201	1270	Health Care Codes	IVI	ID 1/3
			Code identifying a specific industry code list		
М	C02202	1271	BL Routine Foot Care Class Findings	M	AN 1/30
M	C02202	12/1	Class Findings 3 Code indicating a code from a specific industry code list	IVI	AN 1/30
			Code for class findings for routine foot care.		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
Λ	C02203	1250			
X	C02204	1251	Code indicating the date format, time format, or date and tim Date Time Period	ie 1011 X	AN 1/35
Λ	C02204	1251	Expression of a date, a time, or range of dates, times or dates		
X	C02205	782	Monetary Amount	O	R 1/15
А	C02205	704	Monetary amount	U	K 1/15
X	C02206	380	Quantity	0	R 1/15
Λ	C02200	300	Numeric value of quantity	U	K 1/15
	HI04	C022	Health Care Code Information	0	
	11104	C022	To send health care codes and their associated dates, amount	_	quantities
M	C02201	1270	Health Care Codes	s and M	•
141	C02201	1270	Code identifying a specific industry code list	171	ID 1/3
			BM Systemic Condition for Routine Foot C	oro	
M	C02202	1271	Podiatry Service Condition	M	AN 1/30
141	C02202	12/1	Code indicating a code from a specific industry code list	171	AN 1/30
			Podiatry service condition code for routine foot care. Use NS	SE oo	dos
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
A	C02203	1230	Code indicating the date format, time format, or date and time		
X	C02204	1251	Date Time Period	X	AN 1/35
21	C02204	1231	Expression of a date, a time, or range of dates, times or dates		
X	C02205	782	Monetary Amount	0	R 1/15
21	C02202	702	Monetary amount	Ü	K 1/10
X	C02206	380	Quantity	o	R 1/15
	202200	200	Numeric value of quantity	Ü	10 1/10
X	HI05	C022	Health Care Code Information	O	
	11100	0022	To send health care codes and their associated dates, amount	_	quantities
X	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
X	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and tim	ne fori	
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates	s and	
X	C02205	782	Monetary Amount	O	R 1/15
			Monetary amount		
X	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
X	HI06	C022	Health Care Code Information	O	
MDCHees	JD (002051)		122	т	12 200

			To send health care codes and their associated dates, amounts	and	quantities
X	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
X	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time	forn	nat
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates a	and t	imes
X	C02205	782	Monetary Amount	O	R 1/15
			Monetary amount		
X	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
X	HI07	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amounts	and	quantities
X	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
X	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
			Code indicating the date format, time format, or date and time		nat
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or dates a		
X	C02205	782	Monetary Amount	O	R 1/15
	~~~~	•••	Monetary amount	_	
X	C02206	380	Quantity	O	R 1/15
*7	****	G0.22	Numeric value of quantity	_	
X	HI08	C022	Health Care Code Information	0	
*7	C00001	1050	To send health care codes and their associated dates, amounts		
X	C02201	1270		M	ID 1/3
w.	C02202	1051	Code identifying a specific industry code list	3.4	A NI 1/20
X	C02202	1271	Industry Code  Code indicating a code from a smarific industry code list	M	AN 1/30
X	C02203	1250	Code indicating a code from a specific industry code list  Date Time Period Format Qualifier	X	ID 2/3
Λ	C02203	1230	Code indicating the date format, time format, or date and time		
X	C02204	1251	Date Time Period	X	AN 1/35
21	C02204	1231	Expression of a date, a time, or range of dates, times or dates a		
X	C02205	782	Monetary Amount	0	R 1/15
14	002200	, 02	Monetary amount	Ü	11 1/10
X	C02206	380	Quantity	o	R 1/15
14	002200	200	Numeric value of quantity	Ü	11 1/10
X	HI09	C022	Health Care Code Information	o	
			To send health care codes and their associated dates, amounts	_	quantities
X	C02201	1270	Code List Qualifier Code		ID 1/3
			Code identifying a specific industry code list		
X	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	$\mathbf{X}$	ID 2/3
			Code indicating the date format, time format, or date and time	forn	nat
X	C02204	1251	Date Time Period	$\mathbf{X}$	AN 1/35
			Expression of a date, a time, or range of dates, times or dates a	and t	imes

X	C02205	782	Monetary Amount		R 1/15
	~~~~		Monetary amount		
X	C02206	380	Quantity	О	R 1/15
	*****	~~~	Numeric value of quantity		
X	HI10	C022	Health Care Code Information	0	
	G00001	4.50	To send health care codes and their associated dates, amoun		•
X	C02201	1270	Code List Qualifier Code	M	ID 1/3
***	G02202	1051	Code identifying a specific industry code list		1311/20
X	C02202	1271	Industry Code	M	AN 1/30
W 7	C02202	1250	Code indicating a code from a specific industry code list	3 7	ID 2/2
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
v	C02204	1051	Code indicating the date format, time format, or date and time Date Time Period		
X	C02204	1251		X	AN 1/35
v	C02205	782	Expression of a date, a time, or range of dates, times or date		R 1/15
X	C02205	784	Monetary Amount	0	K 1/15
X	C02206	380	Monetary amount Quantity	0	R 1/15
Λ	C02200	300	Numeric value of quantity	U	K 1/13
X	HI11	C022	Health Care Code Information	O	
Λ	11111	C022	To send health care codes and their associated dates, amoun	_	quantities
X	C02201	1270	Code List Qualifier Code		ID 1/3
21	C02201	1270	Code identifying a specific industry code list	141	10 1/3
X	C02202	1271	Industry Code	M	AN 1/30
7.	002202	12/1	Code indicating a code from a specific industry code list		1111 1/50
X	C02203	1250	Date Time Period Format Qualifier	X	ID 2/3
12	002200	1200	Code indicating the date format, time format, or date and time		
X	C02204	1251	Date Time Period	X	AN 1/35
	0.1_0.1		Expression of a date, a time, or range of dates, times or date		
X	C02205	782	Monetary Amount	O	R 1/15
			Monetary amount		
X	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		
X	HI12	C022	Health Care Code Information	O	
			To send health care codes and their associated dates, amoun	ts and	quantities
X	C02201	1270	Code List Qualifier Code	M	ID 1/3
			Code identifying a specific industry code list		
X	C02202	1271	Industry Code	M	AN 1/30
			Code indicating a code from a specific industry code list		
X	C02203	1250	Date Time Period Format Qualifier	\mathbf{X}	ID 2/3
			Code indicating the date format, time format, or date and time	ne fori	mat
X	C02204	1251	Date Time Period	X	AN 1/35
			Expression of a date, a time, or range of dates, times or date	s and	times
X	C02205	782	Monetary Amount	O	R 1/15
			Monetary amount		
X	C02206	380	Quantity	O	R 1/15
			Numeric value of quantity		

Segment: CR1 Ambulance Certification

Position: 425

Loop: 2400 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To supply information related to the ambulance service rendered to a patient

Syntax Notes: 1 If either CR101 or CR102 is present, then the other is required.

2 If either CR105 or CR106 is present, then the other is required.

Semantic Notes: 1 CR102 is the weight of the patient at time of transport.

2 CR106 is the distance traveled during transport.

3 CR107 is the address of origin.4 CR108 is the address of destination.

5 CR109 is the purpose for the round trip ambulance service.

6 CR110 is the purpose for the usage of a stretcher during ambulance service.

Comments:

Notes: Required for ambulance services.

	Ref.	Data	Data Element Summary		
	Des.	Element	Name	<u>Attr</u>	<u>ibutes</u>
	CR101	355	Unit of Weight	X	ID 2/2
			Code specifying the units in which a value is being expression which a measurement has been taken	ressed, or n	nanner in
			LB Pound		
	CR102	81	Weight of Patient	X	R 1/10
			Numeric value of weight		
			Weight of patient at time of transport.		
M	CR103	1316	Type of Transport	M	ID 1/1
			Code indicating the type of ambulance transport		
			A code to indicate the type of transport.		
			I Initial Trip		
			R Return Trip		
			T Transfer Trip		
			Ambulance from one facility to an	other	
			X Round Trip		
	CR104	1317	Transported To/For	0	ID 1/1
			Code indicating the reason for ambulance transport		
			A code to indicate whether the patient was transported to for other considerations.	o the neare	st facility or
M	CR105	355	Unit of Distance	M	ID 2/2
			Code specifying the units in which a value is being expression which a measurement has been taken DH Miles	ressed, or n	nanner in
M	CR106	380	Miles	M	R 1/15
			Numeric value of quantity		
			Number of miles traveled during this ambulance service	·•	
	CR107	166	Origin Information	0	AN 1/35
			Address information		
			Address of origin. A free form narrative to submit addre Original information.	ss informat	tion, etc.
	CR108	166	Destination Information	0	AN 1/35
			Address information		
			Free form description to indicate address, etc. Address of	of destination	on.
	CR109	352	Purpose of Round Trip	O	AN 1/80

A free-form description to clarify the related data elements and their content Free form description to indicate the purpose for the round trip ambulance service.

CR110 352 Purpose of Stretcher

O AN 1/80

A free-form description to clarify the related data elements and their content Free form description to indicate the purpose for the usage of a stretcher during the ambulance service. Segment: CR2 Chiropractic Certification

Position: 430

Loop: 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply information related to the chiropractic service rendered to a patient

Syntax Notes: 1 If either CR201 or CR202 is present, then the other is required.

2 If CR204 is present, then CR203 is required.

3 If either CR205 or CR206 is present, then the other is required.

Semantic Notes: 1 CR201 is the number this treatment is in the series.

- 2 CR202 is the total number of treatments in the series.
- 3 CR206 is the time period involved in the treatment series.
- 4 CR207 is the number of treatments rendered in the month of service.
- 5 CR209 is complication indicator. A "Y" value indicates a complicated condition; an "N" value indicates an uncomplicated condition.
- **6** CR210 is a description of the patient's condition.
- 7 CR211 is an additional description of the patient's condition.
- **8** CR212 is X-rays availability indicator. A "Y" value indicates X-rays are maintained and available for carrier review; an "N" value indicates X-rays are not maintained and available for carrier review.

Comments: 1 When both CR203 and CR204 are present, CR203 is the beginning level of subluxation and CR204 is the ending level of subluxation.

Data Element Summary

	Ref.	Data	Data Element Summary		
	Des.	Element	Name	Attı	ributes
	CR201	609	Number in Series	X	N0 1/9
			Occurence counter		
			Number in the series of treatment being submitted on this see When translating from the NSF, do not include the dash '-' si this DE is only 6 positions. When translating back to the NSI dash '-' in the fourth position.	nce th	ne length of
X	CR202	380	Quantity	X	R 1/15
	011202		Numeric value of quantity		10 1/ 10
	CR203	1367	Level of Subluxation	\mathbf{X}	ID 2/3
			Code identifying the specific level of subluxation		
			Code to identify the specific level of subluxation. Level (or b	eginr	ning level) of
			subluxation.	_	
	CR204	1367	Level of Subluxation	O	ID 2/3
			Code identifying the specific level of subluxation		
			Code to identify the specific level of subluxation. Ending lev	el of	subluxation.
	CR205	355	Unit of Time	X	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken MO Months	d, or 1	manner in
	CR206	380	Treatment Months for this Series	X	R 1/15
			Numeric value of quantity		
			Months involved in this series of treatments.		
	CR207	380	Number of Treatments this Month	O	R 1/15
			Numeric value of quantity		
			Number of treatments rendered to the patient during this current	rent n	nonth.
	CR208	1342	Nature of Condition	O	ID 1/1
			Code indicating the nature of a patient's condition		

A code to indicate the nature of the patient's condition.

	CR209	1073	Complication Indicator	O ID 1/1
			Code indicating a Yes or No condition or response	
			A code to indicate whether the Patient's condition is	Complicated or
			Uncomplicated. A "Y" value indicates a complicated	l condition. An "N" value
			indicates an uncomplicated condition.	
			N No	
			Y Yes	
	CR210	352	Symptoms Description	O AN 1/80
			A free-form description to clarify the related data ele	ements and their content
			Description of the patient's condition. A free form n description of the patient's condition.	arrative field to submit the
	CR211	352	Symptoms Description	O AN 1/80
			A free-form description to clarify the related data ele	ements and their content
			Description of the patient's condition. A free form n	arrative field to submit the
	CD 444	40=2	description of the patient's condition.	0 75 4/4
X	CR212	1073	Yes/No Condition or Response Code	O ID 1/1
			Code indicating a Yes or No condition or response	

Segment: CRC Ambulance Conditions

Position: 450

Loop: 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 3

Purpose: To supply information on conditions

Syntax Notes:

Semantic Notes: 1 CRC01 qualifies CRC03 thru CRC07.

2 CRC02 is a Certification Condition Code applies indicator. A `Y' value indicates the condition codes in CRC03 thru CRC07 apply. A `N' value indicates the condition codes in CRC03 thru CRC07 do not apply.

Comments:

Notes: A single occurrence of the CRC segment is used to send either conditions that apply or

conditions that do not apply, but both cases cannot be sent simultaneously in the same CRC segment. If there is a need to send both conditions that apply and conditions that do

not apply, separate CRC segments must be used.

			Data Elem	ient Summary		
	Ref.	Data	3 .7			•1
3.5	Des.	Element	Name			ibutes
M	CRC01	1136	Code Category		M	ID 2/2
			-	on or category the code applies to		
			07	Ambulance Certification		
M	CRC02	1073	Conditions Apply		M	ID 1/1
			Code indicating a Y	Yes or No condition or response		
			N	No		
			Y	Yes		
M	CRC03	1321	Condition Indicate	or	\mathbf{M}	ID 2/2
			Code indicating a c	condition		
			01	Patient was admitted to a hospital		
			02	Patient was bed confined before the am	bulan	ce service
			03	Patient was bed confined after the ambu	lance	service
			04	Patient was moved by stretcher		
			05	Patient was unconscious or in shock		
			06	Patient was transported in an emergency	situa	ation
			07	Patient had to be physically restrained		
			08	Patient had visible hemorrhaging		
			09	Ambulance service was medically neces	sary	
	CRC04	1321	Condition Indicate	or	O	ID 2/2
			Code indicating a c	condition		
	CRC05	1321	Condition Indicate	or	O	ID 2/2
			Code indicating a c	condition		
	CRC06	1321	Condition Indicate	or	O	ID 2/2
			Code indicating a c	condition		
	CRC07	1321	Condition Indicate		O	ID 2/2
			Code indicating a c	condition		

Segment: **DTP** Service Date(s)

Position: 455

Loop: 2400 Mandatory

Level: Detail Usage: Mandatory

Max Use:

Purpose: To specify any or all of a date, a time, or a time period

Syntax Notes:

Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Data Element Summary

	Ref.	Data				
	Des.	Element	<u>Name</u>		Attr	<u>ibutes</u>
M	DTP01	374	Date/Time Qualific	er	M	ID 3/3
			Code specifying typ	be of date or time, or both date and time		
			472	Service		
				Begin and end dates of the service being	g rend	ered
M	DTP02	1250	Date Time Period	Format Qualifier	\mathbf{M}	ID 2/3
			Code indicating the	date format, time format, or date and time	e form	nat
			D8	Date Expressed in Format CCYYMMD	D	
			RD8	Range of Dates Expressed in Format Co	CYYN	MMDD-
				CCYYMMDD		
				A range of dates expressed in the forma	t CCY	YYMMDD-
				CCYYMMDD where CCYY is the num	erical	expression
				of the century CC and year YY, MM is	the nu	ımerical
				expression of the month within the year	, and l	DD is the
				numerical expression of the day within	he ye	ar; the first
				occurrence of CCYYMMDD is the beg	nning	date and
				the second occurrence is the ending dat	e	•
M	DTP03	1251	Date(s) of Service	<u> </u>	M	AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

DTP Acute Manisfestation Date **Segment:**

Position: 455

2400 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

M	Ref. <u>Des.</u> DTP01	Data Element 374	Name Date/Time Qualified Code specifying type	er e of date or time, or both date and time	Attr M	ibutes ID 3/3
			453	Acute Manifestation of a Chronic Cond	ition	
				Date serious symptoms were exhibited tillness	for a l	ong term
M	DTP02	1250	Date Time Period	Format Qualifier	\mathbf{M}	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Acute Manisfestation	on Date	M	AN 1/35
			Expression of a date	e, a time, or range of dates, times or dates	and t	imes

DTP Initial Treatment Date **Segment:**

Position: 455

2400 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

	Ref.	Data	2 404 217110110 8 4111111111		
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
M	DTP01	374	Date/Time Qualifier	M	ID 3/3
			Code specifying type of date or time, or both date and time		
			454 Initial Treatment		
			Date medical treatment first began		
M	DTP02	1250	Date Time Period Format Qualifier	M	ID 2/3
			Code indicating the date format, time format, or date and time	ne forn	nat
			D8 Date Expressed in Format CCYYMM	DD	
M	DTP03	1251	Initial Treatment Date	M	AN 1/35
			Expression of a date, a time, or range of dates, times or date	s and t	times

DTP Last X-Ray Date **Segment:**

Position: 455

2400 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

	Ref.	Data	2 2.0	5		
	Des.	Element	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
M	DTP01	374	Date/Time Qualifie	er	M	ID 3/3
			Code specifying typ	e of date or time, or both date and time		
			455	Last X-Ray		
				Date of the most recent x-ray		
M	DTP02	1250	Date Time Period l	Format Qualifier	M	ID 2/3
			Code indicating the	date format, time format, or date and time	e forn	nat
			D8	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	Last X-Ray Date		\mathbf{M}	AN 1/35
			Expression of a date	, a time, or range of dates, times or dates	and t	imes

DTP HGB/HCT Date **Segment:**

Position: 455

2400 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This is the date of the most recent hemoglobin test or the hemotocrit test or both.

	Ref.	Data	N	·	.	•1
	<u>Des.</u>	<u>Element</u>	<u>Name</u>		Attr	<u>ibutes</u>
M	DTP01	374	Date/Time Qualifier		\mathbf{M}	ID $3/3$
			Code specifying type of	of date or time, or both date and time		
			Use ZZZ for HGB/HC	CT Date		
			ZZZ N	Iutually Defined		
M	DTP02	1250	Date Time Period For	rmat Qualifier	\mathbf{M}	ID 2/3
			Code indicating the da	te format, time format, or date and time	e forn	nat
			D8 D	Date Expressed in Format CCYYMMD	D	
M	DTP03	1251	HGB/HCT Date		M	AN 1/35
			Expression of a date, a	time, or range of dates, times or dates	and t	imes

DTP Serum Creatinine Date **Segment:**

Position: 455

2400 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose:

To specify any or all of a date, a time, or a time period

Syntax Notes: Semantic Notes: 1 DTP02 is the date or time or period format that will appear in DTP03.

Comments:

Notes: This is the date of the most recent serum creatinine test.

	Ref.	Data	·				
	Des.	<u>Element</u>	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>		
M	DTP01	374	Serum Creatinine Test Date	\mathbf{M}	ID 3/3		
			Code specifying type of date or time, or both date and time	;			
			Test Performed				
M	DTP02	1250	Date Time Period Format Qualifier	\mathbf{M}	ID 2/3		
			Code indicating the date format, time format, or date and ti	me forn	nat		
			D8 Date Expressed in Format CCYYMM	DD			
M	DTP03	1251	Serum Creatinine Date	\mathbf{M}	AN 1/35		
			Expression of a date, a time, or range of dates, times or dates and time				

Segment: MEA Hemoglobin Test Results

Position: 462

Loop: 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify physical measurements or counts, including dimensions, tolerances, variances,

and weights (See Figures Appendix for example of use of C001)

Syntax Notes: 1 At least one of MEA03 MEA05 MEA06 or MEA08 is required.

2 If MEA05 is present, then MEA04 is required.
3 If MEA06 is present, then MEA04 is required.

4 If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.

5 Only one of MEA08 or MEA03 may be present.

Semantic Notes: 1 MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.

Comments: 1 When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the

negative (-) value and MEA06 as the positive (+) value.

	Ref.	Data	Data Diement Sammary		
	Des.	Element	<u>Name</u>	Attı	<u>ributes</u>
M	MEA01	737	TR - Test Results	M	ID 2/2
			Code identifying the broad category to which a measurement	appl	ies
M	MEA02	738	R1 - Hemoglobin in grams	M	ID 1/3
			Code identifying a specific product or process characteristic measurement applies	to wh	nich a
M	MEA03	739	Hemoglobin Results	M	R 1/20
			The value of the measurement		
\mathbf{X}	MEA04	C001	Composite Unit of Measure	\mathbf{X}	
			To identify a composite unit of measure (See Figures Apper of use)		
X	C00101	355	Unit or Basis for Measurement Code		ID 2/2
			Code specifying the units in which a value is being expresse which a measurement has been taken		
X	C00102	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
X	C00103	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00104	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expresse	d, or i	manner in
X	C00105	1018	which a measurement has been taken Exponent	0	R 1/15
21	200102	1010	Power to which a unit is raised	O	K 1/10
X	C00106	649	Multiplier	O	R 1/10
	300100	V .,	Value to be used as a multiplier to obtain a new value	Ü	21 2/ 20
X	C00107	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expresse	d, or i	manner in
			which a measurement has been taken	,	
\mathbf{X}	C00108	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
\mathbf{X}	C00109	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00110	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expresse which a measurement has been taken	d, or i	manner in

X	C00111	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
X	C00112	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00113	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expresse	d, or	manner in
			which a measurement has been taken		
X	C00114	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
X	C00115	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	MEA05	740	Range Minimum	\mathbf{X}	R 1/20
			The value specifying the minimum of the measurement rang	e	
X	MEA06	741	Range Maximum	\mathbf{X}	R 1/20
			The value specifying the maximum of the measurement rang	je	
X	MEA07	935	Measurement Significance Code	O	ID 2/2
			Code used to benchmark, qualify or further define a measure	ement	value
X	MEA08	936	Measurement Attribute Code	\mathbf{X}	ID 2/2
			Code used to express an attribute response when a numeric reannot be determined	measu	rement value
X	MEA09	752	Surface/Layer/Position Code	O	ID 2/2
			Code indicating the product surface, layer or position that is	being	described
X	MEA10	1373	Measurement Method or Device	O	ID 2/4
			The method or device used to record the measurement		

Segment: MEA Hematocrit Results

Position: 462

Loop: 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify physical measurements or counts, including dimensions, tolerances, variances,

and weights (See Figures Appendix for example of use of C001)

Syntax Notes: 1 At least one of MEA03 MEA05 MEA06 or MEA08 is required.

2 If MEA05 is present, then MEA04 is required.3 If MEA06 is present, then MEA04 is required.

4 If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.

5 Only one of MEA08 or MEA03 may be present.

Semantic Notes: 1 MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.

Comments: 1 When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the

negative (-) value and MEA06 as the positive (+) value.

	Ref.	Data	Duta Element Summary		
	Des.	Element	<u>Name</u>	Attı	<u>ributes</u>
M	MEA01	737	TR - Test Results	M	ID 2/2
			Code identifying the broad category to which a measurement	appli	ies
M	MEA02	738	R2 - Hematocrit percentage	M	ID 1/3
			Code identifying a specific product or process characteristic measurement applies	to wh	nich a
M	MEA03	739	Hematocrit Results	M	R 1/20
			The value of the measurement		
X	MEA04	C001	Composite Unit of Measure	\mathbf{X}	
			To identify a composite unit of measure (See Figures Appen of use)		•
X	C00101	355	Unit or Basis for Measurement Code		ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken		
X	C00102	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
X	C00103	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00104	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	l, or 1	manner in
X	C00105	1018	which a measurement has been taken Exponent	0	R 1/15
Λ	C00103	1010	Power to which a unit is raised	U	K 1/13
X	C00106	649	Multiplier	0	R 1/10
Λ	C00100	042	Value to be used as a multiplier to obtain a new value	U	K 1/10
X	C00107	355	Unit or Basis for Measurement Code	0	ID 2/2
Λ	C00107	333	Code specifying the units in which a value is being expressed	_	
			which a measurement has been taken	1, 01 1	manner m
X	C00108	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
X	C00109	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00110	355	Unit or Basis for Measurement Code	o	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	l, or 1	manner in

X	C00111	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
X	C00112	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00113	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	l, or i	manner in
			which a measurement has been taken		
X	C00114	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
X	C00115	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	MEA05	740	Range Minimum	\mathbf{X}	R 1/20
			The value specifying the minimum of the measurement range	;	
X	MEA06	741	Range Maximum	\mathbf{X}	R 1/20
			The value specifying the maximum of the measurement range	э	
X	MEA07	935	Measurement Significance Code	O	ID 2/2
			Code used to benchmark, qualify or further define a measure	ment	value
X	MEA08	936	Measurement Attribute Code	\mathbf{X}	ID 2/2
			Code used to express an attribute response when a numeric n cannot be determined	ıeasu	rement value
X	MEA09	752	Surface/Layer/Position Code	O	ID 2/2
			Code indicating the product surface, layer or position that is l	eing	described
X	MEA10	1373	Measurement Method or Device	O	ID 2/4
			The method or device used to record the measurement		

Segment: MEA Creatinine Result

Position: 462

Loop: 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify physical measurements or counts, including dimensions, tolerances, variances,

and weights (See Figures Appendix for example of use of C001)

Syntax Notes: 1 At least one of MEA03 MEA05 MEA06 or MEA08 is required.

2 If MEA05 is present, then MEA04 is required.
3 If MEA06 is present, then MEA04 is required.

4 If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.

5 Only one of MEA08 or MEA03 may be present.

Semantic Notes: 1 MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.

Comments: 1 When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the

negative (-) value and MEA06 as the positive (+) value.

		_	Data Element Summary		
	Ref.	Data			
	Des.	Element	<u>Name</u>		<u>ributes</u>
M	MEA01	737	TR - Test Results		ID 2/2
			Code identifying the broad category to which a measurement	appli	ies
M	MEA02	738	R4 - Creatinine Result	M	ID 1/3
			Code identifying a specific product or process characteristic measurement applies	to wh	nich a
M	MEA03	739	Creatinine Results	M	R 1/20
			The value of the measurement		
\mathbf{X}	MEA04	C001	Composite Unit of Measure	\mathbf{X}	
			To identify a composite unit of measure (See Figures Appenof use)	dix f	or examples
\mathbf{X}	C00101	355	Unit or Basis for Measurement Code	M	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	d, or 1	manner in
\mathbf{X}	C00102	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
\mathbf{X}	C00103	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
\mathbf{X}	C00104	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	d, or 1	manner in
X	C00105	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
X	C00106	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00107	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	d, or i	manner in
			which a measurement has been taken		
\mathbf{X}	C00108	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
X	C00109	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
\mathbf{X}	C00110	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	d, or 1	manner in

X	C00111	1018	Exponent	0	R 1/15	
			Power to which a unit is raised			
\mathbf{X}	C00112	649	Multiplier	0	R 1/10	
			Value to be used as a multiplier to obtain a new value			
\mathbf{X}	C00113	355	Unit or Basis for Measurement Code	0	ID 2/2	
			Code specifying the units in which a value is being expressed	, or 1	manner in	
			which a measurement has been taken			
X	C00114	1018	Exponent	O	R 1/15	
			Power to which a unit is raised			
\mathbf{X}	C00115	649	Multiplier	0	R 1/10	
			Value to be used as a multiplier to obtain a new value			
X	MEA05	740	Range Minimum	X	R 1/20	
			The value specifying the minimum of the measurement range			
X	MEA06	741	Range Maximum	X	R 1/20	
			The value specifying the maximum of the measurement range			
X	MEA07	935	Measurement Significance Code	0	ID 2/2	
			Code used to benchmark, qualify or further define a measurer	nent	value	
X	MEA08	936	Measurement Attribute Code	X	ID 2/2	
			Code used to express an attribute response when a numeric m	easu	rement value	
			cannot be determined			
X	MEA09	752	Surface/Layer/Position Code	O	ID 2/2	
			Code indicating the product surface, layer or position that is being described			
X	MEA10	1373	Measurement Method or Device	0	ID 2/4	
			The method or device used to record the measurement			

Segment: MEA Epoetin Therapy

Position: 462

Loop: 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify physical measurements or counts, including dimensions, tolerances, variances,

and weights (See Figures Appendix for example of use of C001)

Syntax Notes: 1 At least one of MEA03 MEA05 MEA06 or MEA08 is required.

2 If MEA05 is present, then MEA04 is required.
3 If MEA06 is present, then MEA04 is required.

4 If MEA07 is present, then at least one of MEA03 MEA05 or MEA06 is required.

5 Only one of MEA08 or MEA03 may be present.

Semantic Notes: 1 MEA04 defines the unit of measure for MEA03, MEA05, and MEA06.

Comments: 1 When citing dimensional tolerances, any measurement requiring a sign (+ or -), or any measurement where a positive (+) value cannot be assumed, use MEA05 as the

negative (-) value and MEA06 as the positive (+) value.

	Ref.	Data	Duta Element Summary		
	Des.	Element	<u>Name</u>	Attı	<u>ributes</u>
M	MEA01	737	OG - Original	M	ID 2/2
			Code identifying the broad category to which a measurement	appli	ies
M	MEA02	738	R3 - Epoetin Dosage in Kilograms	\mathbf{M}	ID 1/3
			Code identifying a specific product or process characteristic measurement applies	to wh	nich a
M	MEA03	739	Epoetin Starting Dosage	M	R 1/20
			The value of the measurement		
X	MEA04	C001	Composite Unit of Measure	\mathbf{X}	
			To identify a composite unit of measure (See Figures Appen of use)		•
X	C00101	355	Unit or Basis for Measurement Code		ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken		
X	C00102	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
X	C00103	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00104	355	Unit or Basis for Measurement Code	O	ID 2/2
			Code specifying the units in which a value is being expressed	l, or 1	manner in
X	C00105	1018	which a measurement has been taken Exponent	0	R 1/15
Λ	C00103	1010	Power to which a unit is raised	U	K 1/13
X	C00106	649	Multiplier	0	R 1/10
Λ	C00100	042	Value to be used as a multiplier to obtain a new value	U	K 1/10
X	C00107	355	Unit or Basis for Measurement Code	0	ID 2/2
Λ	C00107	333	Code specifying the units in which a value is being expressed	_	
			which a measurement has been taken	1, 01 1	manner m
X	C00108	1018	Exponent	O	R 1/15
			Power to which a unit is raised		
X	C00109	649	Multiplier	O	R 1/10
			Value to be used as a multiplier to obtain a new value		
X	C00110	355	Unit or Basis for Measurement Code	o	ID 2/2
			Code specifying the units in which a value is being expressed which a measurement has been taken	l, or 1	manner in

X	C00111	1018	Exponent	0	R 1/15	
			Power to which a unit is raised			
\mathbf{X}	C00112	649	Multiplier	0	R 1/10	
			Value to be used as a multiplier to obtain a new value			
\mathbf{X}	C00113	355	Unit or Basis for Measurement Code	0	ID 2/2	
			Code specifying the units in which a value is being expressed	, or 1	manner in	
			which a measurement has been taken			
X	C00114	1018	Exponent	O	R 1/15	
			Power to which a unit is raised			
\mathbf{X}	C00115	649	Multiplier	0	R 1/10	
			Value to be used as a multiplier to obtain a new value			
X	MEA05	740	Range Minimum	X	R 1/20	
			The value specifying the minimum of the measurement range			
X	MEA06	741	Range Maximum	X	R 1/20	
			The value specifying the maximum of the measurement range			
X	MEA07	935	Measurement Significance Code	0	ID 2/2	
			Code used to benchmark, qualify or further define a measurer	nent	value	
X	MEA08	936	Measurement Attribute Code	X	ID 2/2	
			Code used to express an attribute response when a numeric m	easu	rement value	
			cannot be determined			
X	MEA09	752	Surface/Layer/Position Code	O	ID 2/2	
			Code indicating the product surface, layer or position that is being described			
X	MEA10	1373	Measurement Method or Device	0	ID 2/4	
			The method or device used to record the measurement			

Segment: **REF** Line Item Control Number

Position: 470

Loop: 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Semantic Notes: Comments:

	Ref.	Data	2 2	,		
	Des.	Element	<u>Name</u>		Attr	<u>ibutes</u>
M	REF01	128	Reference Number	Qualifier	\mathbf{M}	ID 2/3
			Code qualifying the	Reference Number.		
			FJ	Line Item Control Number		
				A unique number assigned to each char tracking purposes	ge lin	e used for
M	REF02	127	Line Item Control	Number	\mathbf{M}	AN 1/30
				or identification number as defined for a pass specified by the Reference Number Q	-	
X	REF03	352	Description		X	AN 1/80
			A free-form descrip	tion to clarify the related data elements a	nd the	ir content

Segment: REF Mammography Certification Number

Position: 470

Loop: 2400 Mandatory

Level: Detail Usage: Optional

Max Use: 1

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Comments:

	Ref.	Data				
	Des.	<u>Element</u>	<u>Name</u>		<u>Attr</u>	<u>ibutes</u>
M	REF01	128	Reference Number	Qualifier	M	ID 2/3
			Code qualifying the	Reference Number.		
			EW	Mammography Certification Number		
				Health Care Financing Administration a certification number of the certified ma	_	
				screening center		
M	REF02	127	Mammography Ce	rtification Number	M	AN 1/30
			Reference number o	r identification number as defined for a p	particu	ılar
			Transaction Set, or a	as specified by the Reference Number Qu	ualifie	er.
X	REF03	352	Description		\mathbf{X}	AN 1/80
			A free-form descript	tion to clarify the related data elements a	nd the	ir content

Segment: **REF** CLIA Number

Position: 470

Loop: 2400 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Semantic Notes: Comments:

Notes: Required for clinical lab services

	Ref.	Data		•		
	Des.	Element	<u>Name</u>		Attr	<u>ibutes</u>
M	REF01	128	Reference Number	Qualifier	\mathbf{M}	ID 2/3
			Code qualifying the	Reference Number.		
			X4	Clinical Laboratory Improvement Amer	ndmer	nt Number
M	REF02	127	CLIA Number		\mathbf{M}	AN 1/30
			Reference number o	r identification number as defined for a p	articu	lar
			Transaction Set, or a	as specified by the Reference Number Qu	ualifie	r.
X	REF03	352	Description		\mathbf{X}	AN 1/80
			A free-form descript	ion to clarify the related data elements an	nd the	ir content

Segment: AMT Paid Amount

Position: 475

Loop: 2400 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To indicate the total monetary amount

Syntax Notes: Semantic Notes:

Comments:

Notes: Required when patient has other insurance, including Medicare Part B.

	Ref.	Data		-		
	Des.	Element	<u>Name</u>		Attr	<u>ibutes</u>
M	AMT01	522	Amount Qualifier	Code	M	ID 1/2
			Code to qualify amo	ount		
			D	Payor Amount Paid		
M	AMT02	782	Paid Amount		\mathbf{M}	R 1/15
			Monetary amount			
			The amount paid by	the Payer on this service.		
X	AMT03	478	Credit/Debit Flag	Code	O	ID 1/1
			Code indicating wh	ether amount is a credit or debit		

Segment: AMT Allowed Amount

Position: 475

Loop: 2400 Mandatory

Level: Detail
Usage: Conditional

Max Use: 1

Purpose: To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

M	Ref. <u>Des.</u> AMT01	Data Element 522	Name Amount Qualifier Code to qualify amo		Attr M	ributes ID 1/2
			В6	Allowed - Actual		
				Amount considered for payment under the contract	the pr	ovisions of
M	AMT02	782	Allowed Amount		M	R 1/15
			Monetary amount			
X	AMT03	478		unt determined by the payer as being "all ontract prior to the determination of actua Code		
			Code indicating who	ether amount is a credit or debit		

Segment: AMT Deductible Amount

Position: 475

Loop: 2400 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To indicate the total monetary amount

Syntax Notes: Semantic Notes:

Comments:

Notes: Required when patient has other insurance, including Medicare Part B.

	Ref.	Data				
	Des.	Element	<u>Name</u>		<u>Attr</u>	<u>ributes</u>
M	AMT01	522	Amount Qualifier (Code	\mathbf{M}	ID 1/2
			Code to qualify amo	unt		
			D2	Deductible Amount		
				The amount of covered expenses that n the insured before benefits become pay		•
M	AMT02	782	Deductible Amoun	t	\mathbf{M}	R 1/15
			Monetary amount			
				applied to deductible by this payer. The a the allowed amount in order to meet the cons.		
X	AMT03	478	Credit/Debit Flag (Code	O	ID 1/1
			Code indicating whe	ether amount is a credit or debit		

Segment: AMT Co-Insurance Amount

Position: 475

Loop: 2400 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To indicate the total monetary amount

Syntax Notes: Semantic Notes: Comments:

	Ref. Des.	Data <u>Element</u>	<u>Name</u>			<u>ributes</u>
M	AMT01	522	Amount Qualifier	Code	M	ID 1/2
			Code to qualify am	ount		
			B9	Co-insurance - Actual		
				Calculated value still to be paid by the in the co-insurance provisions of the benefit		
M	AMT02	782	Co-Insurance Am	ount	\mathbf{M}	R 1/15
			Monetary amount			
			The amount determ	nined by the payer as the patient's respons	ibility	'.
X	AMT03	478	Credit/Debit Flag	Code	O	ID 1/1
			Code indicating wh	ether amount is a credit or debit		

Segment: AMT Disallowed Cost Containment

Position: 475

Loop: 2400 Mandatory

Level: Detail Usage: Conditional

Max Use:

Purpose: To indicate the total monetary amount

Syntax Notes: Semantic Notes:

Comments:

Notes: Required when patient has other insurance, including Medicare Part B.

3.4	Ref. Des.	Data Element	Name		ributes
M	AMT01	522	Amount Qualifier Code	M	ID 1/2
			Code to qualify amount		
			Amount disallowed by the payer due to the failure of either t insured to met the cost containment provisions of the insurar managed care contract or preferred provider organization copayment has been requested for this claim. C9 Disallowed Cost Containment - Actual	nce co	ntract,
			Amount disallowed by the payer due to either the provider or insured to meet the containment provisions of the insurance managed care contract or preferred procontract under which payment has been claim	ne cost e cont vider (t ract, organization
M	AMT02	782	Disallowed Cost Containment	\mathbf{M}	R 1/15
			Monetary amount		
			The portion of line charges disallowed by the payer due to the the provider or insured to meet the cost containment provision insurance contract, managed contract, or PPO contract under has been requested for this claim.	ons of which	the h payment
X	AMT03	478	Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is a credit or debit		

Segment: AMT Disallowed Other

Position: 475

Loop: 2400 Mandatory

Level: Detail Usage: Conditional

Max Use: 1

Purpose: To indicate the total monetary amount

Syntax Notes: Semantic Notes:

Comments:

Notes: Required when patient has other insurance, including Medicare Part B.

	Ref.	Data	•			
	Des.	<u>Element</u>	<u>Name</u>		Attr	<u>ibutes</u>
M	AMT01	522	Amount Qualifier	Code	\mathbf{M}	ID 1/2
			Code to qualify amo	punt		
			A6	Disallowed - Actual		
				Calculated value rejected to the individ	ual	
M	AMT02	782	Disallowed Other		M	R 1/15
			Monetary amount			
X	AMT03	478	the failure of the pro- insurance contract,	charges disallowed by the payer for reason ovider or insured to meet the cost contain managed care contract, or PPO contract requested for this claim.	ment	of the
			e	ether amount is a credit or debit		

AMT Obligated to Accept **Segment:**

Position:

475 2400 Loop: Mandatory

Level: Detail **Usage:** Optional Max Use:

Purpose: To indicate the total monetary amount

Syntax Notes: Semantic Notes: **Comments:**

M	Ref. <u>Des.</u> AMT01	Data Element 522	Name Amount Qualifier Code	Att. M	ributes ID 1/2
			Code to qualify amount		
			CT Contract		
			Indicates the v	value stated in the contract	
M	AMT02	782	Obligated to Accept	M	R 1/15
			Monetary amount		
			The amount the provider agreed to provisions of the contract.	accept as payment in full unde	r the
X	AMT03	478	Credit/Debit Flag Code	O	ID 1/1
			Code indicating whether amount is	a credit or debit	

Segment: NTE Extra Narrative Data

Position: 485

Loop: 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 4

Purpose:

To convey additional narrative data that cannot be encoded in the SV1 segement.

Syntax Notes: Semantic Notes:

Comments:

1 The NTE segment permits free-form information/data which, under ANSI X12 standard implementations, is not machine processable. The use of the NTE segment should therefore be avoided, if at all possible, in an automated environment.

	Ref. <u>Des.</u> NTE01	Data Element 363	<u>Name</u> Note Refere	nce Code	<u>Attr</u> O	ributes ID 3/3
			Code identify	ying the functional area or purpose for which th	e note	applies
			ADD	Additional Information		
M	NTE02	352	Description		\mathbf{M}	AN 1/80
			A free-form	description to clarify the related data elements a	nd the	eir content

Segment: PS1 Purchase Service

Position: 490

Loop: 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the information about services that are purchased

Syntax Notes: Semantic Notes:

Semantic Notes: 1 PS101 is provider identification number.

2 PS102 is cost of the purchased service.

3 PS103 is the state where the service is purchased.

Comments:

M	Ref. <u>Des</u> . PS101	Data <u>Element</u> 127	Name Purchase Service Provider Identification	<u>Attr</u> M	ributes AN 1/30
141	13101	127	Reference number or identification number as defined for a parameter of the provider number of the entity from which service was put.	oarticu ualifie	ılar er.
M	PS102	782	Purchase Service Charge Monetary amount The net cost for the purchased service.	M	R 1/15
X	PS103	156	State or Province Code Code (Standard State/Province) as defined by appropriate go	O vernn	ID 2/2 nent agency

Segment: LS Loop Header

Position: 495

Loop: 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose:

To indicate that the next segment begins a loop

Syntax Notes: Semantic Notes:

One loop may be nested contained within another loop, provided the inner nested loop terminates before the outer loop. When specified by the standard setting body as mandatory, this segment in combination with "LE", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Comments: Notes:

1 See Figures Appendix for an explanation of the use of the LS and LE segments. This segment MUST be used once, and only once, if NM1 at position 500 is used, regardless of the number of repetitions of loop 2420-2425.

Data Element Summary

	Ref.	Data		
	Des.	Element	<u>Name</u>	<u>Attributes</u>
M	LS01	447	Loop Identifier Code	M AN 1/4

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE Use 2420

NM1 Referring Provider Name Segment:

Position: 500

2420 Loop: Optional

Level: Detail **Usage:** Optional Max Use:

Purpose: To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

Comments:

	Ref.	Data	Data Eleme	nt Summary		
	Des.	Element	Name		Δttı	ibutes
M	NM101	98	Entity Identifier Co	de	M	ID 2/2
	11112242	, ,	•	organizational entity, a physical location.		
				Referring Provider	, 01 4	ii iiidi (Iddai
M	NM102	1065	Entity Type Qualifi		M	ID 1/1
171	1111102	1005	Code qualifying the t		141	10 1/1
				Person		
	NM103	1035	Referring Provider		0	AN 1/35
	MMIIUS	1033	_	or organizational name	O	AN 1/33
	NIM104	1036		•	0	A NI 1/25
	NM104	1030	Referring Provider Individual first name		U	AN 1/25
	NIN#10#	1025			•	4 NI 1/05
	NM105	1037	Referring Provider		O	AN 1/25
T 7	NIN #40 C	1020	Individual middle nam	me or initial		4 NT 4 /4 O
X	NM106	1038	Name Prefix		0	AN 1/10
			Prefix to individual r	name		
X	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual r			
	NM108	66	Identification Code	Qualifier	\mathbf{X}	ID 1/2
				e system/method of code structure used for	or Ide	entification
			Code (67)			
				Employer's Identification Number		
				Social Security Number		
				Mutually Defined		
				National Provider Identifier		
	NM109	67	Referring Provider	ID	\mathbf{X}	AN 2/20
			Code identifying a pa	arty or other code		
			The ID must contain implemented.	the National Provider Identifier (NPI) or	ice it	is

Segment: N4 Referring Provider City, ST and ZIP

Position: 520

Loop: 2420 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

Semantic Notes:

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

	Ref.	Data			
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
	N401	19	Referring Provider City	O	AN 2/30
			Free-form text for city name		
	N402	156	Referring Provider State	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
	N403	116	Referring Provider ZIP	O	ID 3/11
			Code defining international postal zone code excluding punc	tuatio	n and blanks
			(zip code for United States)		
X	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
X	N405	309	Location Qualifier	X	ID 1/2
			Code identifying type of location		
X	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

Segment: REF Referring Provider Medicaid ID

Position: 525

Loop: 2420 Optional

Level: Detail
Usage: Optional
Max Use: 20

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Semantic Notes: Comments:

	Ref.	Data			
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ributes</u>
M	REF01	128	Reference Number Qualifier	\mathbf{M}	ID 2/3
			Code qualifying the Reference Number.		
			1D Medicaid Provider Number		
M	REF02	127	Reference Number	M	AN 1/30
			Reference number or identification number as defined for a	ı particu	ılar
			Transaction Set, or as specified by the Reference Number	Qualifie	er.
X	REF03	352	Description	\mathbf{X}	AN 1/80
			A free-form description to clarify the related data elements	and the	ir content

Segment: NM1 Rendering Provider Name

Position: 500

Loop: 2421 Optional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.

Semantic Notes: 1 NM102 qualifies NM103.

Comments:

Notes: For Medicaid, the billing provider is considered the rendering provider, so this loop is not

needed.

	Ref.	Data	Data Eleme	ant Summary		
	Des.	Element	Name		Attr	ibutes
M	NM101	98	Entity Identifier Co	ode	M	ID 2/2
			Code identifying an	organizational entity, a physical location,	or a	n individual
			82	Rendering Provider		
M	NM102	1065	Entity Type Qualifi	ier	M	ID 1/1
			Code qualifying the	type of entity		
			1	Person		
	NM103	1035	Rendering Provider	· Last Name	O	AN 1/35
			Individual last name	or organizational name		
	NM104	1036	Rendering Provider	· First Name	O	AN 1/25
			Individual first name	•		
	NM105	1037	Rendering Provider	· Middle Initial	O	AN 1/25
			Individual middle na	me or initial		
X	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individual r	name		
X	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individual r	name		
	NM108	66	Identification Code	Qualifier	\mathbf{C}	ID 1/2
			Code designating the Code (67)	e system/method of code structure used for	or Ide	entification
			24	Employer's Identification Number		
			34	Social Security Number		
			ZZ	Mutually Defined		
				National Provider Identifier		
	NM109	67	Rendering Provider	· ID	C	AN 2/20
			Code identifying a pa	arty or other code		
			The ID must contain implemented.	the National Provider Identifier (NPI) on	ice it	is

Segment: REF Rendering Provider Medicaid ID

Position: 525

Loop: 2421 Optional

Level: Detail
Usage: Optional
Max Use: 20

Purpose: To specify identifying numbers.

Syntax Notes: 1 At least one of REF02 or REF03 is required.

Semantic Notes:

Semantic Notes: Comments:

M	Ref. <u>Des.</u> REF01	Data Element 128	Name Reference Number Qualifier Code qualifying the Reference Number.	<u>Attr</u> M	ributes ID 2/3
			1D Medicaid Provider Number		
	REF02	127	Reference Number	X	AN 1/30
			Reference number or identification number as defined for	a partici	ılar
			Transaction Set, or as specified by the Reference Number	· Qualifie	
	REF03	352	Description	X	AN 1/80
			A free-form description to clarify the related data element	s and the	eir content

 ${
m NM1}$ Purchased Service Provider Name **Segment:**

Position: 500

2422 Loop: Conditional

Level: Detail **Usage:** Conditional

Max Use:

Purpose: To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

Comments:

	Ref. Des.	Data Element	Name	ient Summary	Attı	ributes
M	NM101	98	Entity Identifier (Code	M	ID 2/2
			Code identifying a	n organizational entity, a physical location	, or a	n individual
			QB	Purchase Service Provider		
				Entity from which medical supplies may	be b	ought
M	NM102	1065	Entity Type Qual	ifier	\mathbf{M}	ID 1/1
			Code qualifying th	e type of entity		
			2	Non-Person Entity		
	NM103	1035	Purchased Service	e Provider Name	O	AN 1/35
			Individual last nam	ne or organizational name		
X	NM104	1036	First Name		O	AN 1/25
			Individual first nar	me		
X	NM105	1037	Middle Initial		O	AN 1/25
			Individual middle	name or initial		
X	NM106	1038	Name Prefix		O	AN 1/10
			Prefix to individua	l name		
X	NM107	1039	Name Suffix		O	AN 1/10
			Suffix to individua	l name		
X	NM108	66	Identification Cod	le Qualifier	\mathbf{C}	ID 1/2
			Code designating t Code (67)	he system/method of code structure used f	or Ide	entification
			24	Employer's Identification Number		
			34	Social Security Number		
			ZZ	Mutually Defined		
X	NM109	67	Rendering Provid	er ID	\mathbf{C}	AN 2/20
			Code identifying a	party or other code		
			The ID must contain implemented.	in the National Provider Identifier (NPI) or	nce it	is

Segment: N3 Purchased Service Provider Address

Position: 514

Loop: 2422 Conditional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: T

To specify the location of the named party

Syntax Notes: Semantic Notes: Comments:

	Ref.	Data			
	Des.	Element	<u>Name</u>	<u>Attr</u>	<u>ibutes</u>
\mathbf{M}	N301	166	Purchased Service Provider Street Address - 1	M	AN 1/35
			Address information		
	N302	166	Purchased Service Provider Street Address - 2	O	AN 1/35
			Address information		

Segment: N4 Purchased Service Provider City, ST, and ZIP

Position: 520

Loop: 2422 Conditional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.

Semantic Notes:

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

2 N402 is required only if city name (N401) is in the USA or Canada.

	Ref. <u>Des.</u> N401	Data Element 19	Name Purchased Service Provider City	Attr O	ributes AN 2/30
	N402	156	Free-form text for city name Purchased Service Provider State	0	ID 2/2
	N/402	117	Code (Standard State/Province) as defined by appropriate governments and State Abbreviation Codes Residual State (State Abbreviation Codes)		
	N403	116	Purchased Service Provider ZIP Code defining international postal zone code excluding punct (zip code for United States)	O tuatio	ID 3/11 n and blanks
X	N404	26	Country Code Code identifying the country	O	ID 2/3
X	N405	309	Location Qualifier Code identifying type of location	X	ID 1/2
X	N406	310	Location Identifier Code which identifies a specific location	O	AN 1/30

Segment: PER Purchased Service Provider Telephone

Position: 530

Loop: 2422 Conditional

Level: Detail
Usage: Optional
Max Use: 1

Purpose: To identify a person or office to whom administrative communications should be directed

Syntax Notes: 1 If either PER03 or PER04 is present, then the other is required.

2 If either PER05 or PER06 is present, then the other is required.

3 If either PER07 or PER08 is present, then the other is required.

Semantic Notes: Comments:

	Ref. Des.	Data <u>Element</u>	<u>Name</u>	Attr	<u>ributes</u>
M	PER01	366	Contact Function Code	\mathbf{M}	ID 2/2
			Code identifying the major duty or responsibility of the personal	on or	group named
			SU Supplier Contact		
X	PER02	93	Name	O	AN 1/35
			Free-form name		
	PER03	365	Communication Number Qualifier	\mathbf{X}	ID 2/2
			Code identifying the type of communication number		
			TE Telephone		
	PER04	364	Communication Number	\mathbf{X}	AN 1/80
			Complete communications number including country or area applicable Purchased Service Provider Telephone	code	when
X	PER05	365	Communication Number Qualifier	X	ID 2/2
			Code identifying the type of communication number		
X	PER06	364	Communication Number	\mathbf{X}	AN 1/80
			Complete communications number including country or area applicable	code	when
X	PER07	365	Communication Number Qualifier	\mathbf{X}	ID 2/2
			Code identifying the type of communication number		
X	PER08	364	Communication Number	\mathbf{X}	AN 1/80
			Complete communications number including country or area applicable	code	when
X	PER09	443	Contact Inquiry Reference	O	AN 1/20
			Additional reference number or description to clarify a conta	ct nui	mber

NM1 Supervising Provider Name **Segment:**

Position: 500

2423 Loop: Optional

Level: Detail **Usage:** Optional Max Use:

Purpose: To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

Comments:

	Ref.	Data	Data Eleme	ent Summary		
	Des.	Element	<u>Name</u>		Attı	<u>ibutes</u>
M	NM101	98	Entity Identifier Co	ode	M	ID 2/2
			Code identifying an	organizational entity, a physical location	, or a	n individual
			DQ	Supervising Physician		
M	NM102	1065	Entity Type Qualif	ier	M	ID 1/1
			Code qualifying the	type of entity		
			1	Person		
	NM103	1035	Supervising Provid	er Last Name	O	AN 1/35
			Individual last name	or organizational name		
	NM104	1036	Supervising Provid	er First Name	O	AN 1/25
			Individual first name	e		
	NM105	1037	Supervising Provid	er Middle Initial	O	AN 1/25
			Individual middle na	me or initial		
X	NM106	1038	Name Prefix		0	AN 1/10
			Prefix to individual	name		
X	NM107	1039	Name Suffix		0	AN 1/10
			Suffix to individual	name		
	NM108	66	Identification Code	Qualifier	C	ID 1/2
				e system/method of code structure used f	or Ide	entification
			Code (67)			
			24	Employer's Identification Number		
			34	Social Security Number		
			ZZ	Mutually Defined		
				National Provider Identifier		
	NM109	67	Rendering Provider	r ID	C	AN 2/20
			Code identifying a p	arty or other code		
			The ID must contain implemented.	the National Provider Identifier (NPI) or	ice it	is

NM1 Ordering Provider Name **Segment:**

Position: 500

2424 Loop: Optional

Level: Detail **Usage:** Optional Max Use:

Purpose: To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

Comments:

Data Element Summary

	Ref.	Data	Data En	ement Summary		
	Des.	Element	Name		A +++	ributes
M	<u>Des.</u> NM101	98	Entity Identifier	· Code	M	ID 2/2
1,1	11111101	70	•	an organizational entity, a physical location		
			DK	Ordering Physician	1, OI u	ii iiidi viddai
M	NM102	1065	Entity Type Qu		M	ID 1/1
171	1111102	1002		the type of entity	111	10 1/1
			1	Person		
	NM103	1035	Ordering Provid		O	AN 1/35
	1111100	1000	O	ame or organizational name	O	1111 1/00
	NM104	1036	Ordering Provid	_	O	AN 1/25
	1111104	1000	Individual first n		O	1111 1/20
	NM105	1037		der Middle Initial	O	AN 1/25
	1111100	1007	Individual middle		O	1111 1/20
X	NM106	1038	Name Prefix		0	AN 1/10
	- 1-1		Prefix to individu	ual name		
X	NM107	1039	Name Suffix		0	AN 1/10
			Suffix to individ	ual name		
	NM108	66	Identification C		C	ID 1/2
				g the system/method of code structure used	for Id	
			Code (67)	, ,		
			24	Employer's Identification Number		
			34	Social Security Number		
			ZZ	Mutually Defined		
				National Provider Identifier		
	NM109	67	Rendering Prov	ider ID	C	AN 2/20
			Code identifying	a party or other code		
			The ID must con	tain the National Provider Identifier (NPI) of	nce it	is

implemented.

N4 Ordering Provider State **Segment:**

Position: 520

2424 Loop: Optional

Level: Detail Usage: Optional Max Use:

Purpose: To specify the geographic place of the named party **Syntax Notes:** 1 If N406 is present, then N405 is required.

Semantic Notes:

Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to

specify a location.

N402 is required only if city name (N401) is in the USA or Canada.

	Ref.	Data			
	Des.	Element	<u>Name</u>	Attı	<u>ributes</u>
X	N401	19	Provider City	O	AN 2/30
			Free-form text for city name		
	N402	156	Ordering Provider State	O	ID 2/2
			Code (Standard State/Province) as defined by appropriate go	vernn	nent agency
			See Appendix B for State Abbreviation Codes		
X	N403	116	Provider ZIP	O	ID 3/11
			Code defining international postal zone code excluding punc (zip code for United States)	tuatio	on and blanks
X	N404	26	Country Code	O	ID 2/3
			Code identifying the country		
X	N405	309	Location Qualifier	\mathbf{X}	ID 1/2
			Code identifying type of location		
X	N406	310	Location Identifier	O	AN 1/30
			Code which identifies a specific location		

 ${f NM1}$ Ambulance EMT or Paramedic Name **Segment:**

Position: 500

2425 Loop: Optional

Level: Detail Usage: Optional Max Use:

Purpose: To supply the full name of an individual or organizational entity Syntax Notes: Semantic Notes: If either NM108 or NM109 is present, then the other is required.

NM102 qualifies NM103.

Comments:

Data Element Summary							
	Ref.	Data					
	Des.	<u>Element</u>	<u>Name</u>		<u>Attributes</u>		
M	NM101	98	Entity Identifier Co		M	ID 2/2	
			Code identifying an organizational entity, a physical location			, or an individual	
			Use ZZ for Ambular	nce EMT or Paramedic Name			
			ZZ	Mutually Defined			
M	NM102	1065	Entity Type Qualif	ier	M	ID 1/1	
			Code qualifying the type of entity				
			1	Person			
	NM103	1035	Ambulance EMT or Paramedic Last Name		O	AN 1/35	
			Individual last name or organizational name				
	NM104	1036	Ambulance EMT o	r Paramedic First Name	O	AN 1/25	
			Individual first name	e			
	NM105	1037	Ambulance EMT or Paramedic Middle Initial			AN 1/25	
			Individual middle na	nme or initial			
X	NM106	1038	Name Prefix		O	AN 1/10	
			Prefix to individual	name			
X	NM107	1039	Name Suffix		O	AN 1/10	
			Suffix to individual name				
	NM108	66	Identification Code Qualifier		C	ID 1/2	
			Code designating the system/method of code structure used for Identification Code (67)			entification	
			24	Employer's Identification Number			
			34	Social Security Number			
			ZZ	Mutually Defined			
				National Provider Identifier			
	NM109	67	Ambulance EMT or Paramedic ID		\mathbf{C}	AN 2/20	
			Code identifying a party or other code				
			The ID must contain the National Provider Identifier (NPI) once it is implemented.				

Segment: LE Loop Trailer

Position: 535

Loop: 2400 Mandatory

Level: Detail
Usage: Optional
Max Use: 1

Purpose: Syntax Notes: To indicate that the loop immediately preceding this segment is complete

Syntax Notes: Semantic Notes:

One loop may be nested contained within another loop, provided the inner nested loop terminates before the other loop. When specified by the standards setting body as mandatory, this segment in combination with "LS", must be used. It is not to be used if not specifically set forth for use. The loop identifier in the loop header and trailer must be identical. The value for the identifier is the loop ID of the required loop beginning segment. The loop ID number is given on the transaction set diagram in the appropriate ASC X12 version/release.

Comments: Notes:

1 See Figures Appendix for an explanation of the use of the LE and LS segments. This segment MUST be used once, and only once, if NM1 at position 500 is used, regardless of the number of repetitions of loop 2420-2425.

Data Element Summary

	Ref.	Data		
	Des.	Element	<u>Name</u>	<u>Attributes</u>
\mathbf{M}	LE01	447	Loop Identifier Code	M AN 1/4

The loop ID number given on the transaction set diagram is the value for this data element in segments LS and LE $\,$

Use 2420

Segment: \mathbf{SE} Transaction Set Trailer

Position: 555

Loop:

Level: Detail Usage: Mandatory

Max Use:

Purpose: To indicate the end of the transaction set and provide the count of the transmitted

segments (including the beginning (ST) and ending (SE) segments).

Syntax Notes:

Semantic Notes:

Comments: 1 SE is the last segment of each transaction set.

M	Ref. Des. SE01	Data Element 96	Name Number of Included Segments	Attr M	ributes N0 1/10	
M	SE02	329	Total number of segments included in a transaction set included segments Transaction Set Control Number	ding S M	T and SE AN 4/9	
			entifying control number that must be unique within the transaction set actional group assigned by the originator for a transaction set is value must match the value provided in ST02.			